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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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Documents will be accepted for filing on all regular workdays from 8:00 a.m. until 5:00 p.m. We encourage early filings to facilitate the timely publication of the *Missouri Register*. Orders of Rulemaking appearing in the *Missouri Register* will be published in the *Code of State Regulations* and become effective as listed in the chart above. Advance notice of large volume filings will facilitate their timely publication. We reserve the right to change the schedule due to special circumstances. Please check the latest publication to verify that no changes have been made in this schedule. To review the entire year's schedule, please check out the website at <http://www.sos.mo.gov/adrules/pubsched.asp>

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HOW TO CITE RULES AND RSMo

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.

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.

state; or

(B) By an individual residing with his or her spouse who is a member of the U.S. Armed Forces on active duty, or a member of the National Guard, or other reserve component of the U.S. Armed Forces who is on active National Guard or reserve duty and stationed outside the geographical area of a state of the United States of America, the District of Columbia, Puerto Rico, the Virgin Islands, or the Dominion of Canada under mandatory and permanent military orders; or

(C) Originating from a contiguous country participating under the Interstate Benefit Payment Plan. The parties to [this] the Interstate Benefit Payment Plan agreement, in addition to the fifty (50) States of the United States of America, are the District of Columbia, Puerto Rico, the Virgin Islands, and the Dominion of Canada.

AUTHORITY: sections 288.040 and 288.070, [HB 2041, Second Regular Session, Ninety-fourth General Assembly, 2008] Supp. 2011, and section 288.220.5., RSMo 2000. Original rule filed Sept. 30, 1946, effective Oct. 10, 1946. For intervening history, please consult the Code of State Regulations. Amended: Filed March 27, 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 Division of Employment Security; Attn: Gracia Backer, Director, PO Box 59, Jefferson City, MO 65104-0059. 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 45—Missouri Gaming Commission Chapter 5—Conduct of Gaming

PROPOSED AMENDMENT

11 CSR 45-5.181 Promotional Activities. The commission is amending sections (1) and (2), adding new sections (3)–(5), deleting section (4), and renumbering the remaining sections.

PURPOSE: This amendment clarifies the requirements for preprinted coupons, clarifies the scope of promotional activities, and updates the class designation and a statute cite.

(1) For the purposes of this rule, the following words are defined as:

(A) **Promotional activity**—any marketing incentive which offers one (1) or more patrons something of value as an inducement to visit a Class B licensee, to participate in gambling games, or to continue to participate in gambling games. This does not include discretionary compensations provided to patrons;

[(A)](B) **Promotional giveaway**—a promotional gift or item given by a licensee to any person meeting the licensee's promotional criteria, where the person provides no consideration and there is no chance or skill involved in the awarding of the promotional gift or item, and all persons meeting the criteria receive the same promotional gift or item;

[(B)](C) **Patron**—any person present on the premises of a Class [A] B licensee that is not employed by such Class [A] B licensee or

Proposed Amendment Text Reminder:

Boldface text indicates new matter.

[Bracketed text indicates matter being deleted.]

Title 8—DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS Division 10—Division of Employment Security Chapter 3—Unemployment Insurance

PROPOSED AMENDMENT

8 CSR 10-3.010 Registration and Claims in General. The division proposes to amend section (3).

PURPOSE: This amendment amends the rules regarding valid claims to permit spouses of active military personnel to file claims from outside the United States and Canada.

(3) A valid initial, renewed, reopened, or weekly claim for benefits for purposes of section 288.040, RSMo, is one filed with the division in the prescribed manner—

(A) [f]From an originating point within the geographical area of a

the commission and is not on the premises as a vendor of the Class [A] B licensee;

[(C)](D) Promotional coupon—any instrument offering any person something of value and issued by a Class [A] B licensee to entice the person to come to the Class [A] B licensee's premises or for use in or related to licensed gambling games at a licensee's gaming establishment;

[(D)](E) Promotional game—a drawing, event, contest or game in which patrons of a Class [A] B licensee may, without giving consideration, participate or compete for the chance to win a prize or prizes of different values/.; and

(F) Player reward program—a promotional activity that provides player rewards, such as points, to patrons as a result of wagering regardless of game outcome and is based on predetermined formulas.

(2) Class [A] B licensees may provide promotional activities such as promotional giveaways, [issue] promotional coupons, [or conduct] promotional games, **player reward programs** or similar activities [(collectively, "promotional activities")] for patrons [or their employees] without the prior approval of the commission, provided the promotional activity is not structured or conducted in a manner that reflects negatively on the licensee, the commission, or the integrity of gaming in Missouri and complies with the following:

(C) The Class [A] B licensee shall create dated, written rules governing the promotional activity, which rules shall be immediately available to the public and the commission upon request. The licensee shall maintain the rules of the event and all amendments thereto, including criteria for entry and winning, prizes awarded, and prize winners, for a minimum of two (2) years from the last day of the event;

(D) All prizes offered in the promotional activity shall be awarded according to the Class [A] B licensee's rules governing the event; [and]

(E) The licensee's employees shall not be permitted to participate as a player in any gambling game as defined in section 313.800[. 1(10)], RSMo, including games for which there is no cost to participate; and

(F) The Class [A] B licensee shall designate in its internal control system an employee position acceptable to the commission that shall be responsible for ensuring adherence to the rules set forth in this section.

(3) Any change or cancellation of a promotional activity shall be approved by the commission prior to the change or cancellation.

(4) Documentation of any change or cancellation of a promotional activity shall be maintained on file for two (2) years with the legal counsel's affidavit.

(5) Payouts from promotional activities are not winnings paid to wagerers under 313.800.1(1), RSMo, and as such shall not be deductible when calculating adjusted gross receipts.

[(3)](6) Promotional coupons shall contain the following information preprinted on the coupon:

(A) The name of the gaming facility;

(B) The city or other locality and state where the gaming facility is located;

(C) Specific value of any monetary coupon stated in U.S. dollars;

(D) Sequential identification numbers, player tracking numbers **with unique numbers added to them**, or other similar means of unique identification **of each coupon** for complete, accurate tracking and accounting purposes;

(E) A specific expiration date or condition;

(F) All conditions required to redeem the coupon; and

(G) A statement that any change or cancellation of the promotion must be approved by the commission prior to the change or cancellation.

[(4)](4) *Documentation of any change or cancellation of a promotional coupon shall be maintained on file for two (2) years with the legal counsel's affidavit.*

[(5)](7) Class [A] B licensees may use mass media to provide promotional coupon offers to prospective patrons; however, such offers may only be redeemed for a preprinted coupon that contains all of the information required for a promotional coupon in section [(3)](6) of this rule. **This does not apply to coupons issued via mass media for food.**

[(6)](8) Class [A] B licensees offering promotional coupons shall track the issuance and redemption of each promotional coupon. Documentation of the promotional coupon tracking shall be maintained on file for two (2) years and made readily available to the commission upon request. The inventory of un/-issued promotional coupons must be maintained in a reasonable manner that prevents theft or fraud.

[(7)](9) Promotional coupons shall be cancelled at the time they are redeemed in a manner that will prevent multiple redemptions of the same coupon.

AUTHORITY: section[s] 313.004, RSMo 2000, and section 313.805, RSMo Supp. 2011. Original rule filed July 9, 2004, effective Jan. 30, 2005. Amended: Filed June 30, 2005, effective Jan. 30, 2006. Amended: Filed March 29, 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 OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Gaming Commission, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. A public hearing is scheduled for June 13, 2012, at 10:00 a.m., in the Missouri Gaming Commission's Hearing Room, 3417 Knipp Drive, Jefferson City, Missouri.

Title 11—DEPARTMENT OF PUBLIC SAFETY Division 45—Missouri Gaming Commission Chapter 9—Internal Control System

PROPOSED AMENDMENT

11 CSR 45-9.114 Minimum Internal Control Standards (MICS)—Chapter N. The commission is amending section (1).

PURPOSE: This amendment updates the minimum internal control standards for emergency medical services (EMS) personnel by adding the job title EMS First Responder to section N 3.03 of the incorporated material.

(1) The commission shall adopt and publish minimum standards for internal control procedures that in the commission's opinion satisfy 11 CSR 45-9.020, as set forth in *Minimum Internal Control Standards (MICS) Chapter N—Security*, which has been incorporated by reference herein, as published by the Missouri Gaming Commission, 3417 Knipp Dr., PO Box 1847, Jefferson City, MO 65102. Chapter N does not incorporate any subsequent amendments or additions as adopted by the commission on *[August 24, 2011] March 28, 2012.*

AUTHORITY: section 313.004, RSMo 2000, and sections 313.800 and 313.805, RSMo Supp. 2011. Original rule filed June 30, 2010, effective Jan. 30, 2011. Amended: Filed Aug. 25, 2011, effective March 30, 2012. Amended: Filed March 29, 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 OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Gaming Commission, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. A public hearing is scheduled for June 13, 2012, at 10:00 a.m., in the Missouri Gaming Commission's Hearing Room, 3417 Knipp Drive, Jefferson City, Missouri.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—MO HealthNet Division
Chapter 15—Hospital Program**

PROPOSED AMENDMENT

13 CSR 70-15.220 Disproportionate Share Hospital Payments. The division is amending sections (2), (5), (6), (9), and (10).

PURPOSE: This amendment provides for the following changes: sections (2) and (5) were changed to ensure interim Disproportionate Share Hospital (DSH) payments are not made to federally-deemed DSH hospitals and new facilities in excess of their estimated hospital-specific DSH limit, and section (5) also was changed to clarify how a hospital is to notify MO HealthNet if they elect to receive a upper payment limit payment in lieu of a DSH payment; section (6) was changed to allow Department of Mental Health (DMH) hospitals to adjust interim DSH payments based on the results of a DMH state DSH survey; section (9) was changed to reflect how new facilities' interim DSH payments would be determined to ensure interim DSH payments are not made in excess of their estimated hospital-specific DSH limit; and section (10) was changed to clarify the definition of IMD DSH allotment and to change the definition of the uninsured costs that can be included in determining the hospital-specific DSH limit by allowing uninsured costs to include the cost of each service furnished to an individual who had no health insurance or other source of third party coverage for that service. The change in the uninsured definition is being made to be consistent with the proposed change in the federal definitions impacting the hospital-specific DSH limit proposed under 42 CFR 447.295.

(2) Federally-Deemed DSH Hospitals.

(A) The state must pay disproportionate share payments to hospitals that meet specific obstetric requirements and have either a MIUR at least one (1) standard deviation above the state mean or a LIUR greater than twenty-five percent (25%). **The state shall not make DSH payments in excess of each hospital's estimated hospital-specific DSH limit.**

1. Obstetric requirements and exemptions.

A. Hospitals must have two (2) obstetricians, with staff privileges, who agree to provide non-emergency obstetric services to Medicaid eligibles. Rural hospitals, as defined by the federal Executive Office of Management and Budget, may qualify any physician with staff privileges as an obstetrician.

B. Hospitals are exempt from the obstetric requirements if the

facility did not offer non-emergency obstetric services as of December 21, 1987.

C. Hospitals are exempt if inpatients are predominantly under eighteen (18) years of age.

2. MIUR calculations.

A. As determined from the fourth prior year desk-reviewed cost report, the facility has a MIUR of at least one (1) standard deviation above the state's mean MIUR for all Missouri hospitals.

B. The MIUR is calculated as follows:

(I) The MIUR will be expressed as the ratio of total Medicaid days (TMD) provided under a state plan divided by the provider's total number of inpatient days (TNID)/.; **and**

(II) The state's mean MIUR will be expressed as the ratio of the sum of the total number of the Medicaid days for all Missouri hospitals divided by the sum of the total patient days for the same Missouri hospitals. Data for hospitals no longer participating in the program will be excluded.

$$\text{MIUR} = \frac{\text{TMD}}{\text{TNID}}$$

3. LIUR calculations.

A. As determined from the fourth prior year desk-reviewed cost report, the LIUR shall be the sum (expressed as a percentage) of the fractions, calculated as follows:

(I) Total MO HealthNet patient revenues (TMPR) paid to the hospital for patient services under a state plan plus the amount of the cash subsidies (CS) directly received from state and local governments, divided by the total net revenues (TNR) (charges, minus contractual allowances, discounts, and the like) for patient services plus the CS; and

(II) The total amount of the hospital's charges for patient services attributable to charity care (CC) (care provided to individuals who have no source of payment, third-party, or personal resources) less CS directly received from state and local governments in the same period, divided by the total amount of the hospital's charges (THC) for patient services. The total patient charges attributed to CC shall not include any contractual allowances and discounts other than for indigent patients not eligible for MO HealthNet under a state plan.

$$\text{LIUR} = \frac{\text{TMPR} + \text{CS}}{\text{TNR} + \text{CS}} + \frac{\text{CC} - \text{CS}}{\text{THC}}$$

(5) Disproportionate Share Hospital (DSH) Interim Payments.

(B) The interim DSH payments will be calculated as follows:

1. The estimated hospital-specific DSH limit is calculated as follows:

A. Estimated Medicaid net cost from the state DSH survey.

B. Less estimated Medicaid supplemental payments calculated by MHD in accordance with 13 CSR 70-15.010.

C. Equals estimated Medicaid un-compensated care cost.

D. Plus estimated uninsured uncompensated care cost from the state DSH survey.

E. Equals estimated hospital-specific DSH limit/.;

2. The estimated uncompensated care costs potentially eligible for MHD interim DSH payments excludes out-of-state DSH payments and is calculated as follows:

A. Estimated hospital-specific DSH limit.

B. Less estimated out-of-state (OOS) DSH payments.

C. Equals estimated uncompensated care cost (UCC) net of OOS DSH payments/.;

3. Hospitals determined to have a negative estimated UCC net of OOS DSH payments (payments exceed costs) will not receive interim DSH payments because they are expected to exceed their estimated hospital-specific DSH limit *[unless they meet the requirement in*

subsection (5)(C).; and

4. Qualified DSH hospitals determined to have a positive estimated UCC net of OOS DSH payments (costs exceed payments) *[and hospitals that meet the requirements of subsection (5)(C)]* will receive interim DSH payments. The interim DSH payments are subject to the federal DSH allotment and the estimated hospital-specific DSH limits. The interim DSH payments will be calculated as follows:

A. Interim DSH payments to qualified DSH hospitals determined to have a positive estimated UCC net of OOS DSH payments will be calculated as follows:

(I) Up to one-hundred percent (100%) of the available federal DSH allotment will be allocated based on each hospital's positive estimated UCC net of OOS DSH payments to the total positive estimated UCC net of OOS DSH payments; and

(II) The allocated amount will then be reduced by one percent (1%) for hospitals that do not contribute through a plan that is approved by the director of the Department of Health and Senior Services to support the state's poison control center and the Primary Care Resource Initiative for Missouri (PRIMO) and Patient Safety Initiative; *and*].

[B. Interim DSH payments to federally-deemed hospitals are set forth in subsection (5)(C).]

(C) [Federally-deemed hospitals will receive the nominal DSH payment of five thousand dollars (\$5,000) and the greater of their upper payment limit payment or their estimated interim DSH payment as calculated above in subsection (5)(B). Except for federally-deemed hospitals, hospitals] Hospitals may elect to receive an upper payment limit payment as defined in 13 CSR 70-15.230 in lieu of DSH payments. **Hospitals that elect to receive an upper payment limit payment rather than a DSH payment must submit a request to the MO HealthNet Division on an annual basis.**

(D) Disproportionate share payments will coincide with the semi-monthly claim payment schedule *[with the exception of the federally-deemed hospitals who will be paid the nominal DSH payment of five thousand dollars (\$5,000) at the end of the SFY]*.

(E) **New facilities that do not have a Medicare cost report on which to base the state DSH survey will be paid [based on] the lesser of the estimated hospital-specific DSH limit based on the estimated state DSH survey or the industry average estimated interim DSH payment. The industry average estimated interim DSH payment as determined from subsection (5)(B) is calculated as follows:**

1. Hospitals receiving interim DSH payments shall be divided into quartiles based on total beds;

2. DSH payments shall be individually summed by quartile and then divided by the total beds in the quartile to yield an average interim DSH payment per bed; and

3. The number of beds for the new facility shall be multiplied by the average DSH payment per bed.

(6) Department of Mental Health Hospital (DMH) DSH Adjustments and Payments.

(B) Beginning in SFY 2012, due to structural changes occurring at the DMH facilities, interim DSH payments will be based on the third prior base year cost report trended to the current SFY adjusted for the federal reimbursement allowance (FRA) assessment paid by DMH hospitals. **The interim DSH payments calculated using the third prior base year cost report may be revised based on the results of a DMH state DSH survey.** Additional adjustments may be done based on the results of the federally-mandated DSH audits as set forth below in subsection (7)(A).

(9) State DSH Survey Reporting Requirements.

(A) Each hospital participating in the MO HealthNet program shall submit a state DSH survey prescribed by the state MO

HealthNet agency and must be submitted by December 31 of each year. However, a corrected survey may be accepted if it is supported by documentation and the state determines the correction is appropriate and has a material impact on the survey results. The state DSH survey for each interim DSH payment period shall be completed based on the third prior year Medicare cost report *[and] adjusted [for inflationary trends and volume adjustments]* to reflect anticipated operations for the interim DSH payment period. **The historical Medicare cost report data may be adjusted for inflationary trends, volume adjustments, changes in reimbursement methodology, and/or other business decisions (i.e., expanded or terminated services, etc.)** For example, the state DSH survey that will be used to determine SFY 2013 interim DSH payments will be based on the state DSH survey completed using the 2010 Medicare cost report data adjusted by the hospital to 2013.

1. If a new facility does not have a third prior year Medicare cost report, the state DSH survey shall be completed using the second prior year Medicare cost report, if available, adjusted to reflect anticipated operations for the interim DSH payment period.

2. If a new facility does not have a second prior year Medicare cost report, the state DSH survey shall be completed using the prior year Medicare cost report, if available, adjusted to reflect anticipated operations for the interim DSH payment period.

3. If a new facility does not have a prior year Medicare cost report, the state DSH survey shall be completed using facility projections to reflect anticipated operations for the interim DSH payment period. Interim DSH payments determined from this state DSH survey are limited to the industry average estimated interim DSH payment as set forth in subsection (5)(E).

(10) Definitions.

(C) Estimated uninsured net cost. Estimated uninsured net cost is the cost of providing inpatient and outpatient hospital services to individuals without *[no source of] health insurance or other third party [reimbursement] coverage* for the *[inpatient and outpatient] hospital services they receive during the year less uninsured payments received on a cash basis for the applicable Medicaid state plan year. [If the individual had health insurance, even if the third-party insurer did not pay, those services are insured and cannot be included as uninsured costs.]* The costs are to be calculated using Medicare cost report costing methodologies described in this rule and should not include costs for services that were denied for any reason. The estimated uninsured net cost is calculated as the sum of the following estimated data reported on the state DSH survey.

1. Uninsured inpatient net cost.

2. Uninsured outpatient net cost.

(H) Individuals Without Health Insurance or Other Third Party Coverage.

1. Individuals who have no health insurance or other source of third party coverage for the specific inpatient or outpatient hospital services they received during the year can be considered uninsured. As set forth in CMS' proposed rule published in the Federal Register, January 18, 2012, for 42 CFR 447.295, a service-specific approach must be used to determine whether an individual is uninsured. The service-specific coverage determination can occur only once per individual per service provided and applies to the entire service, including all elements as that service, or similar services, would be defined by MO HealthNet. Determination of an individual's third party coverage status is not dependent on receipt of payment by the hospital from the third party.

2. The costs for inpatient and outpatient hospital services provided to individuals without health insurance or other third party coverage can be considered uninsured and included in calculating the hospital-specific DSH limit.

3. The following individuals shall be considered uninsured:

A. Individuals whose benefit package does not cover the hospital service received. If the service is not included in an individual's health benefits coverage through a group health plan or health insurer, and there is no other legally liable third party, the individual is considered uninsured; or

B. Individuals who have reached lifetime insurance limits for certain services or with exhausted insurance benefits at the time of service. When a lifetime or annual coverage limit is imposed by a third party payer, specific services beyond the limit would not be within the individual's health benefit package from that third party payer and would be considered uninsured; or

C. For American Indians/Alaska Natives, Indian Health Services (IHS) and tribal coverage is only considered third party coverage when services are received directly from IHS or tribal health programs or when IHS or a tribal health program has authorized coverage through the contract health service program.

4. The costs associated with the following shall not be included as uninsured costs:

A. Bad debts or unpaid co-insurance/deductibles for individuals with third party coverage. Administrative denials of payment or requirements for satisfaction of deductible, copayment, or coinsurance liability do not affect the determination that a specific service is included in the health benefits coverage; and

B. Prisoners. Individuals who are inmates in a public institution or are otherwise involuntarily in secure custody as a result of criminal charges are considered to have a source of third party coverage. However, an individual can be included as uninsured if a person has been released from secure custody and is referred to the hospital by law enforcement or corrections authorities and is admitted as a patient rather than an inmate to the hospital.

5. These definitions, and the resulting uninsured costs includable in calculating the hospital-specific DSH limit, are subject to change based on any changes that may be incorporated in the final publication of 42 CFR 447.295.

((H))/(I) Institution for Mental Diseases (IMD) DSH allotment. The IMD DSH allotment is a portion of the state-wide DSH allotment and is *[payable only]* the maximum amount set by the federal government that may be paid to IMD hospitals. Any unused IMD DSH allotment not paid to IMD hospitals for any plan year may be paid to hospitals that are under their projected hospital-specific DSH limit.

((I))/(J) Inpatient and outpatient hospital services. For purposes of determining the estimated hospital-specific DSH limit and the actual hospital-specific DSH limit, the inpatient and outpatient hospital services are limited to inpatient and outpatient hospital services included in the approved Missouri Medicaid State Plan.

(K) Lifetime or annual health insurance coverage limit. An annual or lifetime limit, imposed by a third party payer, that establishes a maximum dollar value, or maximum number of specific services on a lifetime or annual basis, for benefits received by an individual.

((J))/(L) Longfall. The longfall is the total amount a hospital has been paid (including all DSH payments) in excess of their hospital-specific DSH limit and is considered an overpayment subject to recoupment. The source for this calculation is as follows:

1. Actual longfall. The actual longfall is based on the annual independent DSH audit; and

2. Estimated longfall. The estimated longfall is calculated by the state using data from the state DSH survey, Medicaid supplemental payments, and data provided in the most recent independent DSH audit, if applicable.

((K))/(M) Medicaid state plan year. Medicaid state plan year coincides with the twelve- (12-)/- month period for which a state calculates DSH payments. For Missouri, the Medicaid State Plan Year coincides with its state fiscal year (SFY) and is July 1 through June 30.

((L))/(N) Medicaid supplemental payments. For purposes of determining estimated hospital-specific DSH limits, the Medicaid supplemental payments include: Direct Medicaid Add-On, Graduate Medical Education (GME), Enhanced GME, Children's Outliers, Trauma Outliers, and any cost settlements. Upper payment limit (UPL) supplemental payments will be included in addition to the above Medicaid supplemental payments for purposes of determining the hospital-specific DSH limit in the annual independent DSH audit. Any supplemental payments made with state only funds are not required to be offset in determining the hospital-specific DSH limit.

((M))/(O) Medicare cost reporting methodologies. Medicaid and uninsured costs will be determined utilizing Medicare cost report (form 2552-96) methodologies. If the Medicare 2552-96 is superseded by an alternate Medicare developed cost reporting tool during a Medicaid state plan year, that tool must be used for the Medicaid state plan year. Based on these methodologies, the costs included in the DSH payment calculation will reflect the Medicaid and uninsured portion of total allowable costs from the Medicare cost report. Costs such as the Missouri Medicaid hospital provider tax (federal reimbursement allowance or FRA) are recognized as allowable costs for Medicaid and DSH program purposes and apportioned to Medicaid, uninsured, Medicare, and other payers following the cost finding principles included in the costs report, applicable instructions, regulations, and governing statutes.

((N))/(P) New facility. A new hospital determined in accordance with 13 CSR 70-15.010 without a base year cost.

((O))/(Q) Out-of-state DSH payments. DSH payments received by a Missouri hospital from a state other than Missouri.

((P))/(R) Section 1011 payments. Section 1011 payments are made to a hospital for costs incurred for the provision of specific services to specific aliens to the extent that the provider was not otherwise reimbursed for such services. Because a portion of the Section 1011 payments are made for uncompensated care costs that are also eligible under the hospital-specific DSH limit, a defined portion of the Section 1011 payments must be recognized as an amount paid on behalf of those uninsured.

((Q))/(S) Shortfall. The shortfall is the hospital-specific DSH limit in excess of the total amount a hospital has been paid (including all DSH payments). The source for this calculation is as follows:

1. Actual shortfall. The actual shortfall is based on the annual independent DSH audit; and

2. Estimated shortfall. The estimated shortfall is calculated by the state using data from the state DSH survey, Medicaid supplemental payments, and data provided in the most recent independent DSH audit, if applicable.

((R))/(T) State DSH survey. The state DSH survey was designed to reflect the standards of calculating uncompensated care cost established by the federal DSH rules in determining hospital-specific DSH limits. The DSH survey is also similar to the DSH survey that is utilized by the independent auditor during the annual independent DSH audit performed in accordance with the federally-mandated DSH audit rules. The blank state DSH survey is referred to as the state DSH survey template. The following state DSH survey templates and instructions are incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109. This rule does not incorporate any subsequent amendments or additions.

1. Version 1 (9/10), also referred to as the 2011 state DSH survey, was used to calculate the SFY 2011 DSH payment adjustments set forth in section (4) and the SFY 2012 interim DSH payments set forth in section (5).

2. Version 2 (9/11) or Version 3 (2/12). The hospital may elect to complete either Version 2 (9/11) or Version 3 (2/12) on which its SFY 2013 interim DSH payments will be *[used to calculate interim DSH payments beginning with SFY 2013 as set forth in section (5)]* calculated. The survey shall be referred to as the SFY to which payments will relate. For example, the survey used to

determine interim DSH payments for SFY 2013 will be referred to as the 2013 state DSH survey.

3. Version 3 (2/12) will be used to calculate interim DSH payments beginning with SFY 2014 as set forth in section (5). The survey shall be referred to as the SFY to which payments will relate.

[(S)](U) Taxable revenue. Taxable revenue is the hospital's total inpatient adjusted net revenues plus outpatient adjusted net revenues determined in accordance with 13 CSR 70-15.110, paragraph (1)(A)13.

[(T)](V) Uncompensated care costs (UCC). The uncompensated care costs eligible for consideration in determining the hospital-specific DSH limit are calculated by reducing costs incurred in furnishing inpatient and outpatient hospital services to the Medicaid and uninsured populations, reduced by revenues received under Medicaid (not including DSH payments) and Section 1011 payments. The costs are to be calculated using Medicare cost report costing methodologies described in this rule and should not include costs for services that were denied for any reason. For purposes of this calculation, the Medicaid and uninsured populations include:

1. The Medicaid population includes all Medicaid eligible individuals including dual eligible and managed care participants; and

2. The uninsured population includes individuals without *[no source of] health insurance or other third-party [reimbursement for the inpatient and outpatient services they receive] coverage as defined in this rule, consistent with 42 CFR 447. [If the individual had health insurance, even if the third-party insurer did not pay, those services are insured and cannot be included as uninsured costs.]*

[(U)](W) Uninsured revenues. Payments received on a cash basis that are required to be offset against the uninsured cost to determine the uninsured net cost include any amounts received by the hospital, by or on behalf of, either self-pay or uninsured individuals during the SFY under audit.

AUTHORITY: sections 208.152, 208.153, and 208.201, RSMo Supp. [2010] 2011, and section 208.158, RSMo 2000. Emergency rule filed May 20, 2011, effective June 1, 2011, expired Nov. 28, 2011. Original rule filed May 20, 2011, effective Jan. 30, 2012. Amended: Filed April 2, 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 Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be delivered by regular mail, express or overnight mail, in person, or by courier within thirty (30) days after publication of this notice in the Missouri Register. If to be hand-delivered, comments must be brought to the MO HealthNet Division at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 30—Division of Regulation and Licensure Chapter 84—Training Program for Nursing Assistants

PROPOSED AMENDMENT

19 CSR 30-84.030 Level I Medication Aide Training Program.
The department is amending the purpose statement and sections

(1)–(6); deleting sections (7), (9), (11), (13), (14), and (15); adding sections (10) and (11); renumbering throughout; and amending sections formerly numbered (8), (10), and (12).

PURPOSE: This amendment updates, clarifies, and adds requirements for the Level I Medication Aide training program and for Level I Medication Aides. The amendment also removes redundancy, archaic language, and makes grammatical changes.

PURPOSE: [Individuals who administer medications in residential care facilities I and II are required by 13 CSR 15-15.042(49) to be either a physician, a licensed nurse, a certified medication technician or a level I medication aide.] This rule sets forth the requirements for [approval of] a Level I Medication Aide (LIMA) Training Program [designating the required course curriculum content, outlining the qualifications required of students and instructors, designating approved training facilities and outlining the testing and certification requirements].

(1) *[The Level I Medication Aide Training Program shall be administered by the Department of Health and Senior Services (the department) in order to prepare individuals for employment as level I medication aides in residential care facilities (RCFs) and assisted living facilities (ALFs). The program shall be designed to teach skills in medication administration of nonparenteral medications in order to qualify students to perform this procedure only in RCFs and ALFs in Missouri.] Definitions.*

(A) **Certifying agency**—shall mean a long term care association, area vocational technical school, career center, comprehensive high school, community college, or four (4) year institution of higher learning approved by the Department of Health and Senior Services (the department) to issue Level I Medication Aide (LIMA) certification.

(B) **Challenge the final examination**—shall mean taking the final examination of the course without enrolling in and taking the entire course.

(C) **Department of Mental Health (DMH) facility**—shall mean a residential setting or day program funded, licensed, operated, or certified by the Department of Mental Health to provide services to persons with developmental disabilities and/or mental illness.

(D) **Level I medication aide (LIMA) instructor (instructor)**—shall mean a nurse approved to instruct the LIMA course.

(E) **Long term care (LTC) association**—shall mean a trade association with the primary purpose of representing or advocating for long-term care providers and/or professionals.

(F) **Registered nurse presenter**—shall mean a registered nurse approved to teach the Train the Trainer Workshops and prepare instructors to teach the LIMA course.

(G) **Simulated training setting**—shall mean a combined practical and verbal process that simulates all aspects of actual medication administration, including, at a minimum, reading a medication order, setting up the medication, verbally explaining how to administer the medication to a resident, and recording the administration of the medication.

(H) **Train the Trainer Workshop**—shall mean a training program conducted by a certifying agency to prepare instructors for the LIMA training program.

(I) **Training agency**—shall mean the entity that sponsors the department-approved training program.

(2) *[All aspects of the level I Medication Aide Training Program included in this rule shall be met in order for a program to be considered approved.] The LIMA Training Program shall be administered by the department in order to prepare individuals for employment as LIMAs in residential care facilities (RCFs) and*

assisted living facilities (ALFs). The program shall be designed to teach skills in medication administration by the following routes: oral, rectal, vaginal, otic, ophthalmic, nasal, topical, transdermal, buccal, sublingual, aerosol/nebulizer, and oral metered dose inhalers.

(3) The objective of the *[level I Medication Aide]* LIMA Training Program shall be to ensure that the *[medication aide]* LIMA will be able to *to[-]* define the role, limitations, and responsibilities of a *[level I medication aide]* LIMA; prepare, administer, and *[chart]* document administration of medications by *[nonparenteral routes]* those routes listed in section (2) of this rule; observe, report, and *[record unusual responses to medications]* document possible medication reactions; identify responsibilities associated with *[control and storage of]* acquiring, storing, and securing medications; *[and]* utilize appropriate *[drug]* medication reference materials*[-]*; and identify what constitutes a medication error.

(4) The course shall *[be an independent self-study course with]* include a minimum of sixteen (16) hours of integrated formal instruction and practice sessions directly supervised by an approved instructor *[which]* and shall include a final written examination and a final practicum examination.

(A) In addition to the required sixteen (16) hours of training, additional self-study may be required.

(5) *[The curriculum content shall include procedures and instructions in the following areas: basic human needs and relationships; drug classifications and their implications; assessing drug reactions; techniques of drug administration; medication storage and control; drug reference resources; and infection control.]* Course Manual Requirements.

(A) The course manual must be approved by the department. A list of approved LIMA training manuals may be accessed through the department's website or by telephone at (573) 526-5686.

(B) The manual content shall include procedures and instructions in the following areas: residents rights; fundamental human body systems; common medical terminology and abbreviations; medication classifications and their implications; observing and reporting possible medication reactions; techniques of medication administration by all routes listed in section (2) of this rule; documentation, including telephone orders, medication administration records (MARs), and leaves of absence; acquiring, storing, and securing medications; medication reference resources; and infection control.

(6) *[The course developed by the Missouri Department of Elementary and Secondary Education and the Department of Health and Senior Services as outlined in the manual entitled Level I Medication Aide (50-6064-S and 50-6064-I) 1993 edition, produced by the Instructional Materials Laboratory, University of Missouri-Columbia, incorporated by reference in this rule and available through the Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102-0570, shall be considered the approved course curriculum. This rule does not incorporate any subsequent amendments or additions to the materials incorporated by reference. Students and instructors each shall have a copy of this manual.]* Training Agency Requirements.

(A) The following entities are eligible to be training agencies: area vocational-technical schools, career centers, comprehensive high schools, community colleges, four (4) year institutions of higher learning, RCFs or ALFs licensed by the department, DMH facilities, or LTC associations.

(B) The training agency is responsible for obtaining an approved instructor, providing training materials for each student, including a copy of a department-approved course manual,

and presenting a class schedule for approval by an approved certifying agency.

(C) Prior to beginning the class the following information must be provided in writing to the certifying agency along with the class schedule: the approved instructor's legal name, Social Security number, nursing license number, current address, and telephone number; each student's legal name, address, telephone number, Social Security number, date of birth, and employer's name and address, if applicable; the date and location of each class to be held; and the date and location of the final examination. The certifying agency which approved the class shall be notified in advance if there are any changes in dates or locations.

(D) Training locations shall contain sufficient space, equipment, and teaching aids to meet the course objectives and accommodate the number of students.

(E) If the instructor is not directly employed by the training agency, there shall be a signed written agreement between the training agency and the instructor, which specifies the roles, responsibilities, and liabilities of each party.

(F) If the training agency is not an RCF or ALF licensed by the department or a DMH facility, the agency must have a written agreement of cooperation currently in effect with the RCF, ALE, or DMH facility where the final practicum examination portion of the course will be conducted.

(G) Within thirty (30) days following the examination date, the training agency must provide in writing to the certifying agency that approved the class the following: each student's legal name, address, date of birth, Social Security number, test booklet and test sheet, class beginning date and completion date, whether certified by a challenge or full course, and form MO 580-2531 (12/10) LIMA Examination Score Sheet (examination score sheet), incorporated by reference in this rule and available by mail at: Department of Health and Senior Services, Section for Long Term Care Regulation, Health Education Unit, PO Box 570, Jefferson City, MO 65102-0570 or by telephone at: (573) 526-5686. This rule does not incorporate any subsequent amendments or additions to the materials incorporated by reference.

(H) Records Requirements.

1. The training agency shall maintain records for a minimum of two (2) years for those individuals who have completed the LIMA course.

2. The training agency shall provide a copy of the examination score sheet to any individual who completes the course.

3. The training agency may release an examination score sheet with written permission from the student, in accordance with the provisions of the Family Education Rights and Privacy Act of 1974, 20 U.S.C. Section 1232g.

[(7) A student shall not administer medications without the instructor present until s/he successfully completes the course and obtains a certificate.]

[(8)](7) Student [Qualifications] Requirements.

(A) Any individual employable by an RCF or ALF to be involved in direct resident care shall be eligible to enroll as a student in the course. Employable shall mean an individual who is at least eighteen (18) years of age; *not listed on the department's Employee Disqualification List (EDL) and has not been convicted of, or entered a plea of guilty or nolo contendere to a crime in this state or any other state, which if committed in Missouri would be a class A or B felony violation of Chapters 565, 566, and 569, RSMo, any violation of section 568.020, RSMo or any violation of section 198.070.3, RSMo, unless a good cause waiver has been granted by the department pursuant to the provisions of 19 CSR 30-82.060]* and meets the employability criteria pursuant to the provisions of 19 CSR 30-86.042, 19 CSR 30-86.043, or 19 CSR 30-86.047.

(B) *[The following individuals may qualify as level I medication aides by successfully challenging the final examination:*

Individuals either enrolled in or who have been enrolled in a professional nursing school or in a practical nursing program who have completed the medication administration or pharmacology course and who have letters of endorsement from the directors of their respective programs.] Any individual employable in a DMH facility to be involved in direct resident care shall be eligible to enroll as a student in the course. Employable shall mean an individual who meets the employability criteria pursuant to the provisions of 9 CSR 10-5.190.

(C) Individuals either enrolled in or who have been enrolled in a professional nursing school or in a practical nursing program who have completed the medication administration or pharmacology course and who have letters of endorsement from the directors of their respective programs may qualify as a LIMA by successfully challenging the final examination.

1. Those persons wanting to challenge the final examination shall submit a request in writing to the department's Health Education Unit, enclosing documentation required by this rule. If approved to challenge the examination, a letter so stating will be sent from the department to present to an approved instructor so that arrangements can be made for testing.

2. Individuals requesting approval for challenging the examination shall meet the employability criteria in subsection (7)(A) or (B) of this rule.

(D) A student shall not administer medications without the instructor present until s/he successfully completes the course and obtains a copy of the examination score sheet.

(E) Biennial Training.

1. LIMAs shall participate in a minimum of four (4) hours of medication administration training every two (2) years in order to administer medications in an RCF or ALF via the routes set forth in section (2) of this rule. The training shall be completed by the anniversary date of the initial issue of the LIMA certificate. The training shall be—

A. Offered by an approved instructor as outlined in section (8) of this rule; and

B. Documented on form MO 580-2973 (12/10), LIMA Biennial Training, incorporated by reference in this rule and available through the department's website or by mail at: Department of Health and Senior Services, Section for Long Term Care Regulation, Health Education Unit, PO Box 570, Jefferson City, MO 65102-0570, telephone: (573) 526-5686 and kept in the employee's personnel file. The department will also accept DMH's Medication Aide Bi-Annual Training Form MO 650-8730 (12/00) incorporated by reference in this rule as acceptable documentation and available through the department's website or by mail at: Department of Health and Senior Services, Section for Long Term Care Regulation, Health Education Unit, PO Box 570, Jefferson City, MO 65102-0570, telephone: (573) 526-5686 and kept in the employee's personnel file. This rule does not incorporate any subsequent amendments or additions to the materials incorporated by reference.

2. At a minimum the training shall address the following:

- A. Medication ordering and storage;
- B. Medication administration and documentation;
- C. Use of generic drugs;
- D. Infection control;
- E. Observing and reporting possible medication reactions;
- F. New medications and/or new procedures;
- G. Medication errors;
- H. Individual rights and refusal of medications and treatments;

I. Issues specific to the facility/program as indicated by the needs of the residents and the medications and treatments currently being administered; and

J. Corrective actions based on identified problems.

3. LIMAs are responsible to ensure that the department is provided with the documentation required in subparagraph (7)(E)1.B. of this rule by the anniversary date of the initial LIMA

certificate.

A. LIMAs who fail to submit to the department the documentation required by this rule by the anniversary date of issue of their original LIMA certification will be removed from the LIMA active registry and will not be eligible to be employed as a LIMA in an RCF or ALF.

B. Any LIMA, after having been removed from the active registry for failing to provide to the department the documentation required by this rule, may be reinstated to the active registry by providing proof of a completed biennial training update at any time except any individual who has been off the active registry for more than five (5) years shall retake the course or s/he may challenge the examination if s/he meets the requirements of subsection (C) of this section.

4. LIMAs certified on or before September 30, 2012, shall have until September 30, 2014, to comply with the biennial training requirements required by this section.

[(9) Those persons wanting to challenge the final examination shall submit a request in writing to the department's Section of Long Term Care director enclosing applicable documentation. If approved to challenge the examination, a letter so stating will be sent from the division to present to an approved instructor so that arrangements can be made for testing.]

[(10)](8) Instructor [Qualifications] Requirements.

(A) An instructor shall be currently licensed to practice as either a registered nurse or practical nurse in Missouri *[or]*, shall hold a current temporary permit from the Missouri State Board of Nursing*[,]*, or shall hold a multi-state or single state registered nurse license from a jurisdiction that is party to the Nurse Licensure Compact. The licensee shall not be subject to current disciplinary action such as *[censure]* probation, suspension, or revocation and shall not be listed on the department's EDL. *[If the individual is a licensed practical nurse, the following additional requirements shall be met:*

1. *Shall be a graduate of an accredited program which has pharmacology in the curriculum.*

2. *This additional requirement shall not be waived.]*

(B) In order to be qualified as an instructor, the individual shall have had one (1) year's experience working *[in a long-term care (LTC) facility licensed by the department or the Department of Mental Health within the past five (5) years; or shall be currently employed in an LTC facility licensed by the department or the Department of Mental Health and shall have been employed by that facility for at least six (6) months; or shall be an instructor in a Health Occupations Education program;]* as a nurse and shall have attended and successfully completed a "Train the Trainer" workshop *[implement] instruct the [Level I Medication Aide Program] LIMA course* conducted by an approved *[Missouri]* registered nurse presenter *[approved by the department].*

[(C) Upon completion of the workshop and receipt of all credentials validating qualifications, the presenter shall issue a certificate indicating that an instructor is approved to teach the level I medication aide course and shall submit the names of the approved instructors to the approved LTC association.]

[(D)](C) A person who has been approved as an instructor shall have that status revoked if, after an investigation by the [division] department or by DMH, it is found that the instructor[:]-

1. Accepted money from a student and did not *[follow through with] complete instruction* of the class or upon successful completion of the class and final written and practicum examination did not *[follow through with certification] complete the examination score sheet and provide it to the training agency;*

2. Falsified information on the *[final] examination* score sheet or any other required documentation; *[or]*

3. *[Administered the final examination incorrectly and not in accordance with section (12) of this rule.] Failed to teach or supervise in accordance with the provisions of this rule; or*

4. **Administered the final examination incorrectly and not in accordance with section (9) of this rule.**

[(E)](D) Once an instructor's status is revoked, only the *[director of the division]* department's **Section for Long Term Care Regulation Administrator** or his/her designee may reinstate the individual and only after the individual *[requests]* has made a **written request** for reinstatement documenting new circumstances. If *[the]* an instructor's status is revoked or reinstated, the *[division]* department shall *[immediately notify]* **make such information available to all approved certifying agencies** *[of the action]*.

[(11)](9) **Sponsoring Agencies.**

(A) The following entities are eligible to apply to the department to be an approved training agency: an area vocational-technical school, a comprehensive high school, a community college, an approved four (4) year institution of higher learning, or an RCF or ALF licensed by the department or an LTC association.

(B) The sponsoring agency is responsible for obtaining an approved instructor, determining the number of manuals needed for a given program, ordering the manuals for the students and presenting a class schedule for approval by an approved LTC association. The required information will include: the name of the approved instructor; the instructor's Social Security number, current address and telephone number; the number of students enrolled; the name, address, telephone number, Social Security number and age of each student; the name and address of the facility that employs the student, if applicable; the date and location of each class to be held; and the date and location of the final examination. The LTC association which approved the course shall be notified in advance if there are any changes in dates or locations.

(C) Classrooms used for training shall contain sufficient space, equipment and teaching aids to meet the course objectives as determined by an approved LTC association.

(D) If the instructor is not directly employed by the agency, there shall be a signed written agreement between the sponsoring agency and the instructor which shall specify the role, responsibilities and liabilities of each party.]

[(12)](9) **Testing Requirements.**

(A) The final examination shall consist of a written and a practical examination administered by *[the]* an **approved** instructor.

1. *[The]* **A department-approved** written examination *[shall include]* **which includes** twenty-five (25) questions based on the course objectives **shall be used.**

2. The practicum examination shall be *[done]* **conducted** in an *[LTC facility which shall]* **RCF or ALF licensed by the department or a DMH facility and shall** include the preparation *[and]*, administration, and documentation of a **minimum of ten (10) medications, with no more than five (5) being oral, administered to residents** by *[nonparenteral]* routes *[and recording of medications administered to residents]* **listed in section (2) of this rule.** The practicum examination shall be conducted under the direct supervision of the instructor *[and the person responsible for medication administration in the long-term care facility]*. Testing on *[medications]* routes not available in the *[LTC]* facility shall be *[done]* **conducted** in a simulated *[classroom situation]* training setting.

(B) The final examination may be retaken one (1) time within **ninety (90) days of the first fail date without repeating the course.** A **minimum** score of eighty percent (80%) *[is required]* for *[pass-*

ing] the final written examination and one hundred percent (100%) accuracy *[in the performance of the steps of procedure in]* for the practicum examination is **required to pass.**

(C) *[The final examination, if not successfully passed, may be retaken within ninety (90) days one (1) time without repeating the course, however, those challenging the final examination must complete the course if the examination is not passed in the challenge process.]* **An individual challenging the final examination who does not successfully pass the examination during the challenge process shall be required to complete the course in order to retake the examination.**

(D) The instructor shall complete *[final records and shall submit these and all test booklets to the sponsoring agency]* the examination score sheets and provide them to the training agency **within fifteen (15) days of administering the examination.**

[(13)](9) **Records and Certification.**

(A) **Records.**

1. The sponsoring agency shall maintain records of all individuals who have been enrolled in the Level I Medication Aide Program and shall submit to the LTC association which approved the course all test booklets, a copy of the score sheets and a complete class roster.

2. A copy of the final record shall be provided to any individual enrolled in the course.

3. A final record may be released only with written permission from the student in accordance with the provisions of the Privacy Act (PL 90-247).

(B) **Certification.**

1. The LTC association which approved the course shall award a Level I medication aide certificate to any individual successfully completing the course upon receiving the required final records and test booklets from the sponsoring agency.

2. The LTC association which approved the course shall submit to the department the names of all individuals receiving certificates.

(14) The department shall maintain a list of LTC associations approved to handle the Level I Medication Aide Training Program. In order for an LTC association to be approved by the department the association shall enter into an agreement of cooperation with the department which shall be renewable annually and shall effectively carry out the following responsibilities:

(A) Maintain a roster of approved instructors;

(B) Approve sponsoring agencies class schedules and classroom space;

(C) Distribute final examinations, review test booklets, score sheets and class rosters;

(D) Award certificates to individuals who successfully complete the course, provide the department with the names of those receiving certificates; and

(E) Maintain records.

(15) **Maintaining Certification.**

(A) If the department, upon completion of an investigation, finds that the Level I medication aide has stolen or diverted drugs from a resident or facility or has had his/her name added to the employee disqualification list, the division shall delete such person's name from the department's Level I medication aide listing. Such deletion shall render the medication aide's certificate invalid.]

(10) Registered Nurse Presenter Requirements.

(A) A registered nurse presenter shall have the following qualifications:

1. Registered nurse licensed in Missouri or hold a multi-state

or single state registered nurse license from a jurisdiction that is party to the Nurse Licensure Compact;

2. Approved LIMA instructor;
3. Has instructed at least one (1) LIMA course and conducted the final examination; and
4. Approved by a certifying agency.

(11) Certifying Agency Requirements.

(A) In order for a certifying agency to be approved by the department, the agency shall enter into an agreement of cooperation with the department which shall be renewable annually and shall carry out the following responsibilities:

1. Verify eligibility requirements and approve registered nurse presenters;
 2. Administer Train the Trainer Workshops;
 3. Verify eligibility requirements for the Train the Trainer Workshop participants;
 4. Provide instructors, who have successfully completed a Train the Trainer Workshop conducted by an approved registered nurse presenter, with a certificate documenting approval to teach the LIMA course;
 5. Within one (1) week of issuing the LIMA instructor certificate, provide in writing to the department after each workshop held: legal names, Social Security numbers, addresses, telephone numbers, and date of birth of approved instructors. The department shall maintain a list of all instructors approved to teach the LIMA course. The list of approved instructors may be accessed through the department's website.
 6. Approve training agencies' LIMA course schedules and classroom space;
 7. Verify that the instructor is listed on the department's LIMA-approved instructor list;
 8. Verify that the instructor's nursing license is in good standing. A license search is available through the Missouri Division of Professional Registration website;
 9. Review information provided by training agencies to ensure that the training program meets the requirements of the LIMA training program included in this rule;
 10. Provide training agencies with the department-approved LIMA test booklets and test sheets prior to the final examination date for approved classes;
 11. Issue certificates to individuals who successfully complete the LIMA course or successfully challenge the final examination;
 12. Within one (1) week of issuing a LIMA certificate, provide in writing to the department the LIMA's legal name, date of birth, address, telephone number, Social Security number, class beginning date and completion date, location of practicum examination, and whether certified by challenge or full course;
 13. Issue a LIMA certificate to any DMH certified Medication Aide who applies for LIMA certification, pays the necessary fee, and provides all of the documentation and identifying information required by this rule.
- A. The certifying agency shall verify with DMH that the individual is on the Medication Aide registry and has maintained current biennial training updates before issuing the certificate. Verification may be made by contacting DMH; and
14. Maintain records for a minimum of two (2) years for all requirements established in this section.

(B) The certifying agency may release an examination score sheet with written permission from the student, in accordance with the provisions of the Family Education Rights and Privacy Act of 1974, 20 U.S.C. Section 1232g.

Amended: Filed May 26, 1998, effective Jan. 30, 1999. Moved to 19 CSR 30-84.030, effective Aug. 28, 2001. Amended: Filed Aug. 23, 2006, effective April 30, 2007. Amended: Filed March 30, 2012.

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions twelve hundred dollars (\$1,200) annually in the aggregate.

PRIVATE COST: This proposed amendment will cost private entities thirty-two thousand eight hundred forty dollars (\$32,840) for instructors to directly supervise the course and two hundred ninety-three thousand one hundred dollars (\$293,100) for continuing education requirements annually in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Teresa Generous, Director of the Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

AUTHORITY: sections 198.073[,] and 198.076, [RSMo 2000 and 198.005] RSMo Supp. [2006] 2011. This rule originally filed as 13 CSR 15-13.030. Original rule filed May 14, 1985, effective Sept. 1, 1985. Amended: Filed Oct. 16, 1985, effective Jan. 12, 1986.

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: Title 19 – Department of Health and Senior Services
Division Title: Division 30 – Division of Regulation and Licensure
Chapter Title: Chapter 84 – Training Program for Nursing Assistants**

Rule Number and Title:	84.030 Level I Medication Aide
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Instructors must directly supervise course – 8 Residential Care Facilities and Assisted Living Facilities that are LIMA training agencies	\$ 240
Instructors must directly supervise course – 1 Career Centers that are LIMA training agencies	\$ 100
Instructors must directly supervise course – 1 High Schools that are LIMA training agencies	\$ 560
Instructors must directly supervise course – 1 Community Colleges that are LIMA training agencies	\$ 100
Instructors must directly supervise course – 2 Vocational-Technical Schools that are LIMA training agencies	\$ 200

III. WORKSHEET

Direct Supervision

The proposed amendment requires that the Level I Medication Aide (LIMA) course shall include a minimum of 16 hours of integrated formal instruction and practice sessions, directly supervised by an approved instructor. Existing regulations require a minimum of 16 hours of integrated formal instruction and practice sessions supervised by an instructor.

There are currently eight (8) assisted living and residential care facilities, one (1) career center, one (1) high school, one (1) community college, and two (2) vocational-technical schools that are publicly owned LIMA training agencies.

IV. ASSUMPTIONS

Direct Supervision

DHSS contends that the proposed amendment clarifies what is already occurring in practice. DHSS, however, is submitting this fiscal note based on the fact that the proposed amendment clearly requires a minimum of 16 hours of instruction and supervision by an approved instructor, which was not previously clear. Since there are so many LIMA training agencies, it is not possible to precisely determine how much additional time will be required by instructors to attain compliance. For the purpose of this fiscal note, DHSS has used an estimated overall increase of 10%, or 1.6 hours, for completion of the LIMA course.

Based on a review of documents submitted to DHSS, from December 1, 2008 through November 30, 2009, 40 individuals completed the LIMA training course through public agencies. DHSS was provided a fee quote for providing LIMA training from a training agency that conducts LIMA training for 52 facilities, which indicates a cost of \$12.50 per hour of supervision per individual taking the LIMA training. For the purpose of this fiscal note, \$12.50 per hour was used as the estimated cost of providing the LIMA training course.

Of the 40 LIMA's trained from December 1, 2008 through November 30, 2009, twelve (12) were trained by assisted living and residential care facilities and 28 were trained by the high school. However, LIMA training programs are also offered by one (1) career center, one (1) community college, and two (2) vocational-technical schools in Missouri. DHSS has assumed that each of those agencies will train five (5) individuals annually in preparing this cost estimate.

The following formula was used to estimate cost (approximate cost for providing 1 hour of LIMA training per student) x (1.6 additional hours of direct supervision per student completing LIMA course) x (approximate # of individuals completing LIMA course).

DHSS estimates the total cost in the aggregate for these facilities to be \$1,200: (\$12.50 per 1 hour of LIMA training per individual) x (1.6 additional hours of direct supervision per individual completing LIMA course) x (approximately 60 individuals completing LIMA training course per year)

The total cost has been divided between the effected entities based on the number of students trained by each entity.

**FISCAL NOTE
PRIVATE COST**

- I. Department Title: Title 19 – Department of Health and Senior Services
Division Title: Division 30 – Division of Regulation and Licensure
Chapter Title: Chapter 84 – Training Program for Nursing Assistants**

Rule Number and Title:	84.030 Level I Medication Aide
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the 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:
Instructors must directly supervise course – 387	Residential Care Facilities and Assisted Living Facilities that are LIMA training agencies	\$ 32,740
Instructors must directly supervise course – 1	Career Centers that are LIMA training agencies	\$100
Continuing Education Requirements – 7,816	Level I Medication Aides	\$293,100

III. WORKSHEET

Direct Supervision

The proposed amendment requires that the Level I Medication Aide (LIMA) course shall include a minimum of 16 hours of integrated formal instruction and practice sessions, directly supervised by an approved instructor. Existing regulations require a minimum of 16 hours of integrated formal instruction and practice sessions supervised by an instructor.

There are currently 387 Assisted Living and Residential Care Facilities and one (1) career center that are privately owned LIMA training agencies.

Continuing Education

The proposed amendment requires all LIMA's to complete four hours of medication administration training every two years. The training must be documented on a department approved form and provided to the department.

For the purpose of this fiscal note, DHSS estimates that 7,816 LIMA's will be impacted by the proposed amendment.

IV. ASSUMPTIONS

Direct Supervision

DHSS contends that the proposed amendment clarifies what is already occurring in practice. DHSS, however, is submitting this fiscal note based on the fact that the proposed amendment clearly requires a minimum of 16 hours of instruction and supervision by an approved instructor, which was not previously clear. Since there are so many LIMA training agencies, it is not possible to precisely determine how much additional time will be required by instructors to attain compliance. For the purpose of this fiscal note, DHSS has used an estimated overall increase of 10%, or 1.6 hours, for completion of the LIMA course.

Based on a review of documents submitted to DHSS, from December 1, 2008 through November 30, 2009, 1,642 individuals completed the LIMA training course through private agencies. DHSS was provided a fee quote for providing LIMA training from a training agency that conducts LIMA training for 52 facilities, which indicates a cost of \$12.50 per hour of supervision per individual taking the LIMA training. For the purpose of this fiscal note, \$12.50 per hour per student was used as the estimated cost of providing the LIMA training course.

Of the 1,642 LIMA's trained from December 1, 2008 through November 30, 2009, all were trained by assisted living and residential care facilities. However, there is one (1) private career center in Missouri that offers LIMA training. DHSS has assumed this career center will train five (5) individuals annually in preparing this cost estimate.

The following formula was used to estimate cost (approximate cost for providing 1 hour of LIMA training per student) x (1.6 additional hours of direct supervision per student completing LIMA course) x (approximate # of individuals completing LIMA course).

DHSS estimates the total cost in the aggregate for these facilities to be \$32,840: (\$12.50 per 1 hour of LIMA training) x (1.6 additional hours of direct supervision per individual completing LIMA course) x (approximately 1,647 individuals completing LIMA training course per year)

The total cost has been divided between the effected entities based on the number of students trained by each entity.

Continuing Education

The fiscal note is based on the cost of four hours of continuing education every two years for each LIMA. LIMA's who are employed in DMH regulated facilities are already required by regulation to complete four hours of continuing education every two years and will not be impacted by this proposed amendment. There is no way to precisely determine how many LIMA's will be impacted by the proposed amendment. There are currently 602 RCF's and ALF's licensed in Missouri. For the purpose of this fiscal note, DHSS estimates that each RCF and ALF employs approximately eight LIMA's, which equals 4,816 LIMA's.

Additionally, DHSS estimates that there are approximately 3,000 LIMA's who are not currently employed but would wish to maintain their status as an approved LIMA. This estimate is based on experience with maintaining registries for various occupations which indicates that many people are often between jobs and/or don't want to lose their approved status once they have paid for the training and passed the final examination. Therefore, the total number of LIMA's estimated to be impacted by the proposed amendment is 7,816.

DHSS received several estimates for the cost to LIMA's for obtaining a four-hour update course. Based on the estimates, DHSS has used an estimated average cost of \$75 per student for obtaining the four-hours of training.

The following formula was used to estimate the cost of this proposed amendment to LIMA's: (# of LIMA's impacted by proposed amendment) x (cost of training course) ÷ (2 since requirement is every two years).

DHSS estimates the total cost in the aggregate to be \$293,100: (7,816 LIMA's) x (\$75 per LIMA) ÷ (2 since requirement is every two years).

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

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

**Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 170—Missouri Housing Development Commission
Chapter 7—Missouri Housing Trust Fund**

ORDER OF RULEMAKING

By the authority vested in the Missouri Housing Development Commission under section 215.030, RSMo 2000, the commission rescinds a rule as follows:

4 CSR 170-7.010 Introduction is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on January 3, 2012 (37 MoReg 7). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 170—Missouri Housing Development Commission
Chapter 7—Missouri Housing Trust Fund**

ORDER OF RULEMAKING

By the authority vested in the Missouri Housing Development Commission under section 215.030, RSMo 2000, the commission rescinds a rule as follows:

4 CSR 170-7.020 Definitions is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on January 3, 2012 (37 MoReg 7). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 170—Missouri Housing Development Commission
Chapter 7—Missouri Housing Trust Fund**

ORDER OF RULEMAKING

By the authority vested in the Missouri Housing Development Commission under section 215.030, RSMo 2000, the commission rescinds a rule as follows:

4 CSR 170-7.030 Preparation of Application is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on January 3, 2012 (37 MoReg 7-8). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT
Division 170—Missouri Housing Development Commission
Chapter 7—Missouri Housing Trust Fund**

ORDER OF RULEMAKING

By the authority vested in the Missouri Housing Development Commission under section 215.030, RSMo 2000, the commission rescinds a rule as follows:

4 CSR 170-7.040 Application and Notification Process is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on January 3, 2012 (37 MoReg 8). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 170—Missouri Housing Development
Commission
Chapter 7—Missouri Housing Trust Fund**

ORDER OF RULEMAKING

By the authority vested in the Missouri Housing Development Commission under section 215.030, RSMo 2000, the commission rescinds a rule as follows:

4 CSR 170-7.050 Compliance Requirements is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on January 3, 2012 (37 MoReg 8). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 170—Missouri Housing Development
Commission
Chapter 7—Missouri Housing Trust Fund**

ORDER OF RULEMAKING

By the authority vested in the Missouri Housing Development Commission under section 215.030, RSMo 2000, the commission adopts a rule as follows:

4 CSR 170-7.100 Introduction is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on January 3, 2012 (37 MoReg 8-9). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 170—Missouri Housing Development
Commission
Chapter 7—Missouri Housing Trust Fund**

ORDER OF RULEMAKING

By the authority vested in the Missouri Housing Development Commission under section 215.030, RSMo 2000, the commission adopts a rule as follows:

4 CSR 170-7.200 Definitions is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on January 3, 2012 (37 MoReg 9-10). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 170—Missouri Housing Development
Commission
Chapter 7—Missouri Housing Trust Fund**

ORDER OF RULEMAKING

By the authority vested in the Missouri Housing Development Commission under section 215.030, RSMo 2000, the commission adopts a rule as follows:

**4 CSR 170-7.300 Proposal Application, Selection, and
Notification Processes is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on January 3, 2012 (37 MoReg 10-11). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 170—Missouri Housing Development
Commission
Chapter 7—Missouri Housing Trust Fund**

ORDER OF RULEMAKING

By the authority vested in the Missouri Housing Development Commission under section 215.030, RSMo 2000, the commission adopts a rule as follows:

**4 CSR 170-7.400 Missouri Housing Trust Fund Funding Process,
Recapture of Undisbursed Missouri Housing Trust Fund Funds
and Re-Awarding of Undisbursed Recaptured Funds is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on January 3, 2012 (37 MoReg 11-12). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 170—Missouri Housing Development
Commission
Chapter 7—Missouri Housing Trust Fund**

ORDER OF RULEMAKING

By the authority vested in the Missouri Housing Development Commission under section 215.030, RSMo 2000, the commission adopts a rule as follows:

**4 CSR 170-7.500 Compliance Requirements and Suspension and
Recapture of Funds is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on January 3, 2012 (37

MoReg 12-14). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 170—Missouri Housing Development
Commission
Chapter 7—Missouri Housing Trust Fund**

ORDER OF RULEMAKING

By the authority vested in the Missouri Housing Development Commission under section 215.030, RSMo 2000, the commission adopts a rule as follows:

4 CSR 170-7.600 Procedures for Contesting Decisions by the Commission Regarding the Funding and Recapture of Missouri Housing Trust Fund Funds is **adopted**.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on January 3, 2012 (37 MoReg 14-15). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 45—Missouri Gaming Commission
Chapter 9—Internal Control System**

ORDER OF RULEMAKING

By the authority vested in the Missouri Gaming Commission under section 313.805, RSMo Supp. 2011, the commission adopts a rule as follows:

11 CSR 45-9.108 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on December 1, 2011 (36 MoReg 2687). Changes have been made to the *Minimum Internal Control Standards* (MICS) as incorporated by reference in Chapter H, and those changes are explained in the comments below. Changes have been made to the text of the proposed rule, so it is reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: A public hearing was held on this proposed rule on January 11, 2012. No one commented at the public hearing. Written comments were received from the Missouri Gaming Association (MGA), Isle of Capri-Kansas City (Isle), and staff. Any comments below not attributed to staff or Isle were made by MGA.

COMMENT #1: As proposed in H section 1.09, it requires strapped funds to be re-verified at least every seven (7) calendar days. We believe this will require a significant amount of labor to perform these tasks and would like to better understand the reasoning behind this new requirement. We request the commission remove this provision.

RESPONSE AND EXPLANATION OF CHANGE: The commission has deleted the third sentence in H section 1.09.

COMMENT #2: In H section 2.03, transfers are currently verified and put in carts. The cashier re-verifies the transfer prior to combining with the rest of their cash once they have counted in. It does not sound like we would be able to do this going forward without following the count-in and count-out procedure. This would leave transfers sitting open in the main bank or in carts with generic locks in the cages until someone counted into that cart. Please clarify.

RESPONSE: Transfers will have to be completed prior to the end of the cashier's shift. Transfers will no longer be able to be in process when windows are counted out at the end of the shift. No change has been made as a result of this comment.

COMMENT #3: In H section 3.05, it appears the commission is implying if the team member's cart and/or funds are out of the line of sight of said team member, they are unsecured. There are times when they have to lock up their funds because they are out of the line of sight of their funds when cashing in coin or grabbing a report. We would suggest limiting this provision to instances when the cashier leaves the cage/bank. It would also be helpful to have a better understanding of what the commission feels is "direct physical control or viewable area." Since the funds are in a locked cage with surveillance coverage we believe this could be a workable solution.

RESPONSE: This is more permissive than the current regulation. By adding a "viewable area" it allows the cashiers to not lock their drawers as long as they are capable of seeing their drawers, but do not actually have to continually view them. No change has been made as a result of this comment.

COMMENT #4: H section 3.07 states that if a ticket is not recognized in the system or if the system is temporarily off line then one (1) line of the barcode must be completely colored in with a marker by a cashier prior to paying. The old minimum internal controls (MICs) required this to be done only if the system failed to come back up by the end of the gaming day and the tickets were not able to be scanned. This poses a problem because once the system comes back online the ticket will not be able to be scanned and must be manually entered so they can be redeemed and a report generated for each cashier. If the system is off line for some time this could be a significant amount of tickets to be manually entered. We suggest these tickets not be defaced and continue to allow these tickets to be scanned.

RESPONSE: The reason this was changed was to address the concern that the main bank cashier had access to unredeemed tickets, which could be taken without detection unless accounting is physically counting every single ticket redeemed at the cage every shift. No change has been made as a result of this comment.

COMMENT #5: As proposed in H section 3.10, will casino bars and deli impressments daily be required to be counted daily? This is currently done on a monthly basis and we suggest that time frame be maintained.

RESPONSE AND EXPLANATION OF CHANGE: Added "imprest" in front of "banks" in the last sentence to clarify this addresses imprest banks as defined in H section 3.01 which does not include non-gaming imprest banks.

COMMENT #6: Regarding H section 3.11, if the cashier has left and a variance is identified, a supervisor signs for them and the variance is put in the pre-shift under the team member's Morse Watchman code so they are aware of the variance while other team members are unaware of whose variance it is. If the cage administrator is the position responsible for tracking variances, how can this be done "daily" if they have time off? Also, regarding (B) and (E), the current MICS variance threshold for reporting to the commission is set at one thousand dollars (\$1,000). We would like to maintain this threshold.

RESPONSE: H section 3.09 requires a blind count to be performed by the incoming cashier or supervisor in the presence of the outgoing cashier, so variances should always be identified while the cashier is there and available to sign the variance slip. We do not require a specific job position to be responsible for tracking variances. Also, five hundred dollars (\$500) is significant, since it is the threshold for a felony theft. No change has been made as a result of this comment.

COMMENT #7: We would suggest making a single line through the error rather than “crossing out” the error as proposed in H section 3.14.

RESPONSE: This wording is consistent with MICS Chapter R language. No change has been made as a result of this comment.

COMMENT #8: We would request a change in H section 5.01 to allow a floating employee window per casino floor level. Allowing one (1) per level is more efficient with processes. Additionally, this would minimize the impressed employee windows need to transfer funds/paperwork to the main bank.

RESPONSE: The only reason a floating employee window is allowed is to accommodate casino designs which do not allow main bank access from the floor. For control, one (1) floating employee window is sufficient to process certain transactions on the gaming floor. No change has been made as a result of this comment.

COMMENT #9: We would like to maintain the current one thousand dollar (\$1,000)-threshold for reporting to the commission in H section 5.05.

RESPONSE: Five hundred dollars (\$500) is significant, since it is the threshold for a felony theft. No change has been made as a result of this comment.

COMMENT #10: We would like to maintain the current one thousand dollar (\$1,000)-threshold for reporting to the commission in H section 6.05. We would also reiterate our comment made in H section 3.11 pertaining to a cashier already being gone.

RESPONSE: Five hundred dollars (\$500) is significant, since it is the threshold for a felony theft. H section 3.09 requires a blind count to be performed by the incoming cashier or supervisor in the presence of the outgoing cashier, so variances should always be identified while the cashier is there and available to sign the variance slip. We do not require a specific job position to be responsible for tracking variances. No change has been made as a result of this comment.

COMMENT #11: The language used in H section 7.01 appears to conflict. The first sentence specifies reconciling “all” cash, coin, tickets and coupons . . . within 24 hours . . . while in the last sentence, it defines coin reconciliation is once per week. We feel coin reconciliation should only be required weekly.

RESPONSE AND EXPLANATION OF CHANGE: The conflict was fixed by addressing coin separately.

COMMENT #12: In H section 7.02, please add “dedicated kiosk room” as some properties do not do their counts in the “main bank.”

RESPONSE: The rule requires the count to be in the main bank or count room because there are certain security standards for those rooms which would not apply to a kiosk room. No change has been made as a result of this comment.

COMMENT #13: The reconciliation and count are conducted by the same person at some properties. What is the purpose of requiring two (2) different team members as proposed in H section 7.03?

RESPONSE: The rules in 11 CSR 45 require segregation of duties. No change has been made as a result of this comment.

COMMENT #14: Can the two hundred dollar (\$200)-threshold in H section 7.04 be changed to five hundred dollars (\$500), which matches the other reportable levels?

RESPONSE: The current rule has a two hundred dollar (\$200)-

threshold. No change will be made to the rule as a result of this comment

COMMENT #15: H section 7.05 indicates kiosk prep and storage has to be in the main bank. Can “kiosk room” be added? Also, would a variance be necessary for those properties currently using a color-coded system for viewing denominations?

RESPONSE AND EXPLANATION OF CHANGE: The current rules require this to be physically located in the main bank in H section 6.02. It has come to our attention that some properties have designated other areas so we are adjusting the language to clarify the original intent. A sentence has been added to allow a color-coding system to be used to identify the denomination of the cassettes.

COMMENT #16: The proposed MICS limit us to taking the malfunctioning cassette to the main bank while some properties currently have internal control standards (ICS) written to allow the cassette to be taken to either the main bank, the employee window at the main cage or the kiosk room. We would like these options to be added in H section 7.10.

RESPONSE AND EXPLANATION OF CHANGE: The cage was added as an acceptable location. The kiosk area has to be in the main bank.

COMMENT #17: The specified form, Chip Inventory Ledger, is used by casino accounting to document and maintain the chip accountability and to determine the float. The removal/return/destruction of chips should be documented on main bank paperwork and signed off on by required parties. We would like to see the specific form reference removed or the language changed. We suggest the following for both H section 9.07 and section 9.12 “The employees involved shall document the transaction on Main Bank paperwork and shall sign the paperwork attesting to the inventory changes. The Main Bank paperwork shall be forwarded to Accounting and the changes shall be documented on the Chip Inventory Ledger.”

RESPONSE: This is required by 11 CSR 45-5.140(2), 11 CSR 45-5.150(1) and 11 CSR 45-5.160(1). No change will be made as a result of this comment.

COMMENT #18: In H section 10.01, is it necessary to update the safekeeping form to the proposed five (5) types of deposits?

RESPONSE: No. The form requirement in MICS Chapter R refers to the type of instrument (chips, cash, wire transfer) being deposited, not the types of deposits mentioned here. These would be reflected in the “reason” for the deposit. No change will be made to the rule as a result of this comment.

COMMENT #19: H section 10.03 limits the title of the employee involved as proposed. We would recommend this be changed to the location: either the main bank (which is off of the casino floor where no patron would be allowed for use) or at the main cage. We also request the commission allow for some flexibility in safekeeping at other locations, such as employee bank windows, in those instances where a cashier is temporarily unavailable to assist patrons.

RESPONSE: If the main bank is off the gaming floor, safekeeping may be processed at a floating employee window. No change will be made as a result of this comment.

COMMENT #20: How would H section 11.05 as proposed apply to sister property checks?

RESPONSE: The Class B licensee cannot accept sister property checks.

COMMENT #21: Does the reference to “any” check in H section 12.05 apply to personal checks cashed only, or does it include credit card advances?

RESPONSE AND EXPLANATION OF CHANGE: This section will be changed to clarify that it refers to personal checks.

COMMENT #22: Regarding H section 14.01, some properties do not accept foreign currency, but funds do come into inventory through Toke Drop and Found Money. How does this fit into the proposed MIC?

RESPONSE: Inadvertent receipt of foreign currency does not need to be addressed in the internal controls. This MIC applies to casinos that are intentionally accepting foreign currency. No change will be made as a result of this comment.

COMMENT #23: Please clarify “prior to the end of shift” in H section 14.03.

RESPONSE AND EXPLANATION OF CHANGE: Clarified by adding “prior to the end of the cashier’s shift.”

COMMENT #24: Please clarify in H section 14.05 if there is a minimum amount at which we must perform due diligence to locate the owner of lost funds. Is it the same amount as noted in H section 14.07?

RESPONSE: The dollar amount in H section 14.07 has nothing to do with finding the owner; it establishes a threshold for not having to fill out a safekeeping form. A reasonable attempt should be made to identify the owner of any found assets. No change will be made as a result of this comment.

COMMENT #25: In H section 14.06 we would suggest removing the requirement for the separate line item accounting on a per shift basis.

RESPONSE AND EXPLANATION OF CHANGE: Changed “inventory item” to “accountability transaction.” The amount needs to be on the form segregated from other items because it is a liability that needs to be tracked. H section 14.07 was also changed to reflect processing the transaction, instead of having an ongoing inventory item. Staff has added an Unclaimed Property Log to be maintained on a per shift basis to track the running total of unclaimed property.

COMMENT #26: Staff commented on H section 14.06 and suggested a change to state, “as a separate line item on either the Main Bank/Vault Accountability form or the Employee Window Accountability form as ‘an accountability’ transaction on a per shift basis.” As it is currently written they would have to keep a running total, which is not necessary, plus there is not a separate inventory item for found money/tickets, since most casinos absorb this money into inventory.

RESPONSE AND EXPLANATION OF CHANGE: Staff made the change and H section 14.07 was also changed to reflect processing the transaction, instead of having an ongoing inventory item. Staff has added an Unclaimed Property Log to be maintained on a per shift basis to track the running total of unclaimed property.

COMMENT #27: Isle suggested adding the phrase “documented through the use of a Cage Paid-In form as unclaimed property and booked as an unclaimed property transaction on the Main Bank Reconciliation.” to H section 13.04 which was subsequently renumbered as H section 14.06.

COMMENT #28: Isle suggested adding the phrase “documented through the use of a Cage Paid-In form as unclaimed property and booked as an unclaimed property transaction on the Main Bank Reconciliation.” to H section 13.05 which was subsequently renumbered as H section 14.07.

RESPONSE AND EXPLANATION OF CHANGE: Changed “inventory item” to “accountability transaction.” To allow flexibility we did not require a specific form by name. The amount needs to be on the form segregated from other items because it is a liability that needs to be tracked. H section 14.07 was also changed to reflect processing the transaction, instead of having an ongoing inventory item. Staff has added an Unclaimed Property Log to be maintained on a per shift basis to track the running total of unclaimed property.

COMMENT #29: As proposed in H section 14.08, any found chips must be redeemed at the cage first before being transferred to the main bank. However, the provisions proposed in H section 14.07 allow for a found money drop box at the main bank where the funds can be taken directly into their possession, which could include chips. We recommend the proposed H section 14.08 be removed.

RESPONSE AND EXPLANATION OF CHANGE: We removed “or chips” from this standard. Since tickets are processed at the cage and not in the main bank, we did not remove the entire standard.

COMMENT #30: H section 14.11 should also include any unclaimed or abandoned poker jackpots.

RESPONSE AND EXPLANATION OF CHANGE: Added “and poker payouts.”

COMMENT #31: We suggest H section 15.01 be revised to read “provided in U.S. cash or coin.”

RESPONSE AND EXPLANATION OF CHANGE: Changed to “currency.”

COMMENT #32: Regarding H section 17.05, some properties currently have a variance to allow for even exchange or breakdown to be allowed. Will these variances remain intact?

RESPONSE: Yes.

COMMENT #33: Considering H section 18.06(B) and (E), what happens if there is a system outage for an extended period of time? Could the coupon be forwarded to accounting and redeemed when the system is restored.

RESPONSE AND EXPLANATION OF CHANGE: Clarified this applies to cashable electronic gaming device (EGD) coupons only. Since the use of these coupons is infrequent, no change is being made to (B) or (E) because the few coupons that might be affected could reasonably be manually input by accounting.

COMMENT #34: In H section 19.06(A), the proposed MIC lowers the existing threshold from one thousand dollars (\$1,000) to five hundred dollars (\$500) for the amount at which a ticket in/ticket out (TITO) can be paid by a slot floorperson or cashier when the validation system is down. We would like to have this revised to “. . . an amount up to and including \$1,000.”

RESPONSE: Five hundred dollars (\$500) matches the threshold for a felony theft if a patron would try to redeem a ticket that is not legitimate. No change will be made as a result of this comment.

COMMENT #35: In H section 19.06(G), the proposed MICS should include a stipulation that the bar code need only be filled in if the system does not allow for the redemption of the Ticket In/Ticket Out (TITO) by the end of the cashier’s shift and prior to the transfer of the TITO to the main bank.

RESPONSE AND EXPLANATION OF CHANGE: Added “by the end of the cashier’s shift and.”

COMMENT #36: As proposed in H section 20.08, the MIC limits us from being able to wire transfer funds from patron winnings (e.g., large jackpots, high aggregate slot or table wins, promotional or tournament payouts, etc.). We would like to be able to continue to provide this option to the guest.

RESPONSE: Commission staff felt it was unrealistic for casinos to be able to track all patron winnings to ensure any reverse transfer was not enabling money laundering. The casino can issue a check if a patron does not want to carry cash. No change will be made as a result of this comment.

11 CSR 45-9.108 Minimum Internal Control Standards (MICS)—Chapter H

(1) The commission shall adopt and publish minimum standards for

internal control procedures that in the commission's opinion satisfy 11 CSR 45-9.020, as set forth in *Minimum Internal Control Standards* (MICS) Chapter H—Casino Cashiering, which has been incorporated by reference herein, as published by the Missouri Gaming Commission, 3417 Knipp Dr., PO Box 1847, Jefferson City, MO 65102. Chapter H does not incorporate any subsequent amendments or additions as adopted by the commission on February 22, 2012.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—MO HealthNet Division
Chapter 3—Conditions of Provider Participation,
Reimbursement and Procedure of General
Applicability

ORDER OF RULEMAKING

By the authority vested in the MO HealthNet Division under sections 208.153 and 208.201, RSMo Supp. 2011, the division adopts a rule as follows:

13 CSR 70-3.230 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on January 3, 2012 (37 MoReg 23–26). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The MO HealthNet Division received a total of five (5) letters of comment on the proposed rule.

COMMENT #1: Two (2) letters of comment were received from Kristine Toppe—National Committee for Quality Assurance, and Becky Miller, MHA, CPHQ, FACHE—Missouri Center for Patient Safety indicating the removal of the previously required contract with a federally-designated Patient Safety Organization (PSO) will limit the potential to learn more about medical errors, unsafe conditions, and how to prevent them and limit the potential to improve the safety of care.

RESPONSE: Patient Safety Organizations are not federally required for the reporting of provider preventable conditions. As stated in the *Federal Register*, Vol. 76, No. 108 dated June 6, 2011, "The Joint Commission requires hospitals to have established programs for Quality Improvement, Risk Management, Safety and Infection Control. As a result, a majority of hospitals already have in place programs to avert Medicare HACs and thus would not incur new costs to implement parallel programs to avert Medicaid [HCACs]." However, the division does support the use of federally-designated Patient Safety Organizations (PSOs) as they provide a valuable service and encourage providers to take advantage of those services. No changes have been made to the rule as a result of this comment.

COMMENT #2: One (1) comment letter was received from Daniel Landon—Missouri Hospital Association indicating the rules for health care-acquired conditions should also apply to ambulatory surgical centers.

RESPONSE: The federal guidelines in the *Federal Register*, Vol. 76, No. 108 dated June 6, 2011, Section (H) state Health Care-Acquired Conditions (HCAC) are to apply only to Medicaid hospital inpatient settings. No changes have been made to this rule as a result of this comment.

COMMENT #3: One (1) comment letter was received from James Crane, M.D.—Washington University School of Medicine indicating the MO HealthNet Division is proposing to use an inappropriate set of quality measures as a basis for provider payments. The issues of concern presented include:

- MO HealthNet Division's inclusion of the National Quality Forum's list of Serious Reportable Events as Other Provider Preventable Conditions (OPPC) when Medicare only considers surgery on the wrong patient, wrong surgery on a patient, and wrong site surgery as OPPCs. Using the National Quality Forum's list of Serious Reportable Events will create additional burden on providers and forces them to operate under reporting and quality regimens that vary by the two (2) major public payors;
- The list of measures attributed to the National Quality Forum is not appropriate to be used as the basis of payment decisions by the MO HealthNet Division. The National Quality Forum is not a public body and is not accountable to the public for its work and many of the measures on the list are arguably not fully preventable;
- The state has not clearly explained how these new policies will work in practice, creating the potential for significant unintended consequences. The rule does not specify who would make these determinations, the process used for making such a determination, nor does it address how a provider could appeal such a decision; and
- The fiscal estimate attached to the proposed rule grossly understates the cost of compliance with this new payment system.

RESPONSE AND EXPLANATION OF CHANGE: The MO HealthNet Division wants to stress that each claim that reports a Provider Preventable Condition (PPC), which includes Health Care-Acquired Conditions (HCAC) and Other Provider Preventable Conditions (OPPC), will be assessed for potential clinical review of medical records. If such clinical review is found necessary, it will be conducted by medical professionals considering all clinical circumstances in order to determine appropriate action. Claim payments will not be recouped without this clinical review. The division will amend section (5) of the proposed regulation and include information regarding the review process. The division notes that subsection (3)(F) of the proposed rule explains the method to report an OPPC, which is the same method required by the Centers for Medicare and Medicaid Services (CMS) for the Medicare program, so there should not be an additional burden to providers when reporting these events. In addition, the federal rule published in the *Federal Register*, Vol. 76, No. 108 dated June 6, 2011, Section (H) explains that states are allowed to expand the conditions identified as Other Provider Preventable Conditions (OPPC). The division has determined that the National Quality Forum's list of Serious Reportable Events is appropriate for potential review to ensure events are reported and not reimbursed by Missouri's Medicaid program. Section (5) of the proposed rule indicates that any denial of payment or recoupment is subject to review by the Administrative Hearing Commission pursuant to the provisions of section 208.156, RSMo. The state believes the fiscal impact estimate to be accurate.

COMMENT #4: One (1) comment letter was received from Chris Hartshorn—Missouri Ambulatory Surgery Center Association indicating support for the proposed rule as a prime example of how Missouri can improve patient safety without forcing an unnecessary burden on small businesses in the state.

RESPONSE: The division agrees the proposed rule supports patient safety in the state of Missouri. No changes have been made to the rule as a result of this comment.

13 CSR 70-3.230 Payment Policy for Provider Preventable Conditions

(5) The review process for Provider Preventable Conditions (PPC) will include a review of the claim and, if applicable, any information provided during the inpatient certification review to determine if the length of stay was extended by the PPC. Medical records will be requested from the provider as needed to complete the review. Providers will be required to submit the medical records to the MO HealthNet Division within thirty (30) days of receipt of the request for records. Medical records will be reviewed by clinically appropriate medical professionals within the MO HealthNet Division or its

contracted medical consultants to assess the quality of medical care provided and the circumstances surrounding that care. MO HealthNet payment denials or recoupments will be calculated by the MO HealthNet Division based on the facts of each OPPC or HCAC. The calculation of the denial of payment or recoupment will be reviewed by the MO HealthNet Division Medical Director and the MO HealthNet Division Director after consideration of the review findings provided by the clinical staff who completed the review. The final decision of the division regarding the denial of payment or recoupment shall be subject to review by the Administrative Hearing Commission pursuant to the provisions of section 208.156, RSMo. Such payment limitation shall only apply to the hospital or ambulatory surgical center where the OPPC or HCAC occurred and shall not apply to care provided by other hospitals should the patient subsequently be transferred or admitted to another hospital for needed care.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—MO HealthNet Division
Chapter 4—Conditions of Participant Participation,
Rights and Responsibilities

ORDER OF RULEMAKING

By the authority vested in the MO HealthNet Division under sections 208.201 and 208.215, RSMo Supp. 2011, the division amends a rule as follows:

13 CSR 70-4.110 Placement of Liens on Property of Certain Institutionalized MO HealthNet Eligible Persons **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on January 17, 2012 (37 MoReg 111-112). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—MO HealthNet Division
Chapter 15—Hospital Program

ORDER OF RULEMAKING

By the authority vested in the MO HealthNet Division under section 208.201, RSMo Supp. 2011, the division amends a rule as follows:

13 CSR 70-15.200 Payment Policy for a Preventable Serious Adverse Event or Hospital or Ambulatory Surgical Center-Acquired Condition **is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on January 3, 2012 (37 MoReg 27). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The MO HealthNet Division received a total of three (3) letters of comment on the proposed rescission.

COMMENT #1: Two (2) letters of comment were received from Kristine Toppe—National Committee for Quality Assurance, and

Becky Miller, MHA, CPHQ, FACHE—Missouri Center for Patient Safety indicating the removal of the previously required contract with a federally-designated Patient Safety Organization (PSO) will limit the potential to learn more about medical errors, unsafe conditions, and how to prevent them and limit the potential to improve the safety of care.

RESPONSE: Patient Safety Organizations are not federally required for the reporting of provider preventable conditions. As stated in the *Federal Register*, Vol. 76, No. 108 dated June 6, 2011, “The Joint Commission requires hospitals to have established programs for Quality Improvement, Risk Management, Safety and Infection Control. As a result, a majority of hospitals already have in place programs to avert Medicare HACs and thus would not incur new costs to implement parallel programs to avert Medicaid [HCACs].” However, the division does support the use of federally-designated Patient Safety Organizations (PSOs) as they provide a valuable service and encourage providers to take advantage of those services. No changes have been made to the rule as a result of this comment.

COMMENT #2: One (1) comment letter was received from Chris Hartshorn—Missouri Ambulatory Surgery Center Association indicating support for the proposed rescission as a prime example of how Missouri can improve patient safety without forcing an unnecessary burden on small businesses in the state.

RESPONSE: The division agrees the proposed rescission supports patient safety in the state of Missouri. No changes have been made to the rescission as a result of this comment.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 20—Division of Community and Public Health
Chapter 28—Immunization

ORDER OF RULEMAKING

By the authority vested in the Missouri Department of Health and Senior Services under section 192.006, RSMo 2000, and sections 167.181 and 192.020, RSMo Supp. 2011, the department amends a rule as follows:

19 CSR 20-28.010 Immunization Requirements for School Children **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on January 3, 2012 (37 MoReg 27-37). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 20—Division of Community and Public Health
Chapter 28—Immunization

ORDER OF RULEMAKING

By the authority vested in the Missouri Department of Health and Senior Services under sections 192.006 and 210.003, RSMo 2000, the department amends a rule as follows:

19 CSR 20-28.040 Day Care Immunization Rule **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on January 3, 2012 (37 MoReg 38-44). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 70—Lead Abatement and Assessment Licensing,
Training Accreditation**

ORDER OF RULEMAKING

By the authority vested in the Director of the Department of Health and Senior Services under section 701.301, RSMo 2000, and section 701.312, RSMo Supp. 2011, the director amends a rule as follows:

19 CSR 30-70.620 Work Practice Standards for a Lead Risk Assessment **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on January 3, 2012 (37 MoReg 44). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 70—Lead Abatement and Assessment Licensing,
Training Accreditation**

ORDER OF RULEMAKING

By the authority vested in the Director of the Department of Health and Senior Services under section 701.301, RSMo 2000, and section 701.312, RSMo Supp. 2011, the director amends a rule as follows:

19 CSR 30-70.630 Lead Abatement Work Practice Standards **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on January 3, 2012 (37 MoReg 44-45). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2010—Missouri State Board of Accountancy
Chapter 2—General Rules**

ORDER OF RULEMAKING

By the authority vested in the Missouri State Board of Accountancy

under sections 326.256.1.(9), 326.283.1.(1), and 326.286.3., RSMo Supp. 2011, the board amends a rule as follows:

20 CSR 2010-2.022 Privilege to Practice **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on January 17, 2012 (37 MoReg 112). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2165—Board of Examiners for Hearing
Instrument Specialists
Chapter 2—Licensure Requirements**

ORDER OF RULEMAKING

By the authority vested in the Board of Examiners for Hearing Instrument Specialists under sections 346.095 and 346.115, RSMo Supp. 2011, the board amends a rule as follows:

20 CSR 2165-2.050 Continuing Education Requirements **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on January 17, 2012 (37 MoReg 113). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

This section may contain notice of hearings, correction notices, public information notices, rule action notices, statements of actual costs, and other items required to be published in the *Missouri Register* by law.

**Title 19—DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 60—Missouri Health Facilities Review
Committee
Chapter 50—Certificate of Need Program**

**NOTIFICATION OF REVIEW:
APPLICATION REVIEW SCHEDULE**

The Missouri Health Facilities Review Committee has initiated review of the applications listed below. A decision is tentatively scheduled for May 22, 2012. These applications are available for public inspection at the address shown below:

Date Filed

Project Number: Project Name
City (County)
Cost, Description

04/09/12

#4767NT: Miller County Care and Rehabilitation
Tuscumbia (Miller County)
\$1,700,000, Renovate/Modernize LTC Facility

#4773NT: The Maples Health and Rehabilitation
Springfield (Greene County)
\$14,500,000, Replace 135-bed SNF

Any person wishing to request a public hearing for the purpose of commenting on these applications must submit a written request to this effect, which must be received by May 9, 2012. All written requests and comments should be sent to—

Chairman
Missouri Health Facilities Review Committee
c/o Certificate of Need Program
3418 Knipp Drive, Suite F
PO Box 570
Jefferson City, MO 65102

For additional information contact
Karla Houchins, (573) 751-6403.