

Volume 40, Number 5  
Pages 219-302  
March 2, 2015

SALUS POPULI SUPREMA LEX ESTO

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



JASON KANDER  
SECRETARY OF STATE

MISSOURI  
REGISTER

The *Missouri Register* is an official publication of the state of Missouri, under the authority granted to the secretary of state by sections 536.015, RSMo Supp. 2014 and 536.033, RSMo 2000. Reproduction of rules is allowed; however, no reproduction shall bear the name *Missouri Register* or "official" without the express permission of the secretary of state.

The *Missouri Register* is published semi-monthly by

**SECRETARY OF STATE**

**JASON KANDER**

Administrative Rules Division

James C. Kirkpatrick State Information Center  
600 W. Main  
Jefferson City, MO 65101  
(573) 751-4015

DIRECTOR

WAYLENE W. HILES

.

MANAGING EDITOR

CURTIS W. TREAT

.

EDITOR

AMANDA MCKAY

.

ASSOCIATE EDITOR

VONNE KILBOURN

.

ASSISTANT EDITOR

MARTY SPANN

.

PUBLICATION TECHNICIAN

JACQUELINE D. WHITE

.

ADMINISTRATIVE ASSISTANT

ALISHA DUDENHOEFFER

ISSN 0149-2942, USPS 320-630; periodical postage paid at Jefferson City, MO  
Subscription fee: \$56.00 per year

POSTMASTER: Send change of address notices and undelivered copies to:

**MISSOURI REGISTER**  
Office of the Secretary of State  
Administrative Rules Division  
PO Box 1767  
Jefferson City, MO 65102

The *Missouri Register* and *Code of State Regulations* (CSR) are now available on the Internet. The Register address is <http://www.sos.mo.gov/adrules/moreg/moreg.asp> and the CSR is <http://www.sos.mo.gov/adrules/csr/csr.asp>. These websites contain rulemakings and regulations as they appear in the Registers and CSR. These websites do not contain the official copies of the Registers and CSR. The official copies remain the paper copies published by the Office of the Secretary of State pursuant to sections 536.015 and 536.031, RSMo Supp. 2014. While every attempt has been made to ensure accuracy and reliability, the Registers and CSR are presented, to the greatest extent practicable as they appear in the official publications. The Administrative Rules Division may be contacted by email at [rules@sos.mo.gov](mailto:rules@sos.mo.gov).

The secretary of state's office makes every effort to provide program accessibility to all citizens without regard to disability. If you desire this publication in alternate form because of a disability, please contact the Division of Administrative Rules, PO Box 1767, Jefferson City, MO 65102, (573) 751-4015. Hearing impaired citizens should contact the director through Missouri relay, (800) 735-2966.



## IN THIS ISSUE:

### EMERGENCY RULES

**Elected Officials**  
 Secretary of State . . . . . 223  
 Treasurer . . . . . 224

### PROPOSED RULES

**Department of Elementary and Secondary Education**  
 Division of Learning Services . . . . . 225  
 Division of Financial and Administrative Services . . . . . 228

**Department of Public Safety**  
 Office of the Director . . . . . 231  
 Peace Officer Standards and Training Program . . . . . 232

**Department of Social Services**  
 Family Support Division . . . . . 236

**Elected Officials**  
 Secretary of State . . . . . 236  
 Treasurer . . . . . 239

**Department of Health and Senior Services**  
 Office of the Director . . . . . 239  
 Missouri State Public Health Laboratory . . . . . 261  
 Division of Regulation and Licensure . . . . . 267

**Department of Insurance, Financial Institutions and Professional Registration**  
 Missouri Dental Board . . . . . 268

### ORDERS OF RULEMAKING

**Department of Economic Development**  
 Division of Business and Community Services . . . . . 270

**Department of Revenue**  
 Director of Revenue . . . . . 271

**Elected Officials**  
 State Auditor . . . . . 271

**Department of Health and Senior Services**  
 Division of Community and Public Health . . . . . 272

**Department of Insurance, Financial Institutions and Professional Registration**  
 State Board of Chiropractic Examiners . . . . . 274

### IN ADDITIONS

**Department of Economic Development**  
 Division of Energy . . . . . 277

**Department of Transportation**  
 Missouri Highways and Transportation Commission . . . . . 277

**Department of Health and Senior Services**  
 Missouri Health Facilities Review Committee . . . . . 280

**Department of Insurance, Financial Institutions and Professional Registration**  
 Applied Behavior Analysis Maximum Benefit . . . . . 280

### CONTRACTOR DEBARMENT LIST . . . . . 282

### DISSOLUTIONS . . . . . 283

### SOURCE GUIDES

**RULE CHANGES SINCE UPDATE** . . . . . 286  
**EMERGENCY RULES IN EFFECT** . . . . . 292  
**EXECUTIVE ORDERS** . . . . . 294  
**REGISTER INDEX** . . . . . 295

Register Filing Deadlines	Register Publication Date	Code Publication Date	Code Effective Date
December 1, 2014 December 15, 2014	<b>January 2, 2015</b> January 15, 2015	January 29, 2015 January 29, 2015	February 28, 2015 February 28, 2015
January 2, 2015 January 15, 2015	<b>February 2, 2015</b> February 17, 2015	February 28, 2015 February 28, 2015	March 30, 2015 March 30, 2015
February 2, 2015 February 17, 2015	<b>March 2, 2015</b> March 16, 2015	March 31, 2015 March 31, 2015	April 30, 2015 April 30, 2015
March 2, 2015 March 16, 2015	<b>April 1, 2015</b> April 15, 2015	April 30, 2015 April 30, 2015	May 30, 2015 May 30, 2015
April 1, 2015 April 15, 2015	<b>May 1, 2015</b> May 15, 2015	May 31, 2015 May 31, 2015	June 30, 2015 June 30, 2015
May 1, 2015 May 15, 2015	<b>June 1, 2015</b> June 15, 2015	June 30, 2015 June 30, 2015	July 30, 2015 July 30, 2015
June 1, 2015 June 15, 2015	<b>July 1, 2015</b> July 15, 2015	July 31, 2015 July 31, 2015	August 30, 2015 August 30, 2015
July 1, 2015 July 15, 2015	<b>August 3, 2015</b> August 17, 2015	August 31, 2015 August 31, 2015	September 30, 2015 September 30, 2015
August 3, 2015 August 17, 2015	<b>September 1, 2015</b> September 15, 2015	September 30, 2015 September 30, 2015	October 30, 2015 October 30, 2015

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>

# Missouri Participating Libraries

The *Missouri Register* and the *Code of State Regulations*, as required by the Missouri Documents Law (section 181.100, RSMo Supp. 2014), are available in the listed participating libraries, as selected by the Missouri State Library:

Jefferson County Library PO Box 1486, 3021 High Ridge High Ridge, MO 63049-1486 (314) 677-8689	Learning Resources Center Mineral Area College PO Box 1000 Park Hills, MO 63601-1000 (573) 431-4593	Hearnes Learning Resources Ctr. Missouri Western State University 4525 Downs Drive St. Joseph, MO 64507-2294 (816) 271-5802	Library Missouri University of Science and Technology 1870 Miner Circle Rolla, MO 65409-0060 (573) 341-4007
Jefferson College Library 1000 Viking Drive Hillsboro, MO 63050-2441 (314) 789-3951 ext. 160	Cape Girardeau Public Library 711 N. Clark Cape Girardeau, MO 63701-4400 (573) 334-5279	Library North Central Missouri College PO Box 111, 1301 Main Street Trenton, MO 64683-0107 (660) 359-3948 ext. 325	Lebanon-Laclede County Library 915 S. Jefferson Ave. Lebanon, MO 65536-3017 (417) 532-2148
St. Louis Public Library 1301 Olive St. St. Louis, MO 63103-2389 (314) 539-0376	Kent Library Southeast Missouri State University One University Plaza Cape Girardeau, MO 63701-4799 (573) 651-2757	Spiva Library Missouri Southern State University 3950 East Newman Road Joplin, MO 64801-1595 (417) 625-9342	University Library Southwest Baptist University 1600 University Ave. Bolivar, MO 65613-2597 (417) 328-1631
St. Louis University Law Library 3700 Lindell Blvd. St. Louis, MO 63108-3478 (314) 977-2742	Riverside Regional Library PO Box 389, 1997 E. Jackson Blvd. Jackson, MO 63755-0389 (573) 243-8141	Missouri State Library 600 West Main, PO Box 387 Jefferson City, MO 65102-0387 (573) 751-3615	Barry-Lawrence Regional Library 213 6th St. Monett, MO 65708-2147 (417) 235-6646
Eden/Webster Library Eden Theological Seminary/ Webster University 475 East Lockwood Ave. St. Louis, MO 63119-3192 (314) 961-2660 ext. 7812	Rutland Library Three Rivers Community College 2080 Three Rivers Blvd. Poplar Bluff, MO 63901-2393 (573) 840-9656	Missouri State Archives 600 West Main, PO Box 778 Jefferson City, MO 65102-0778 (573) 526-6711	Lyons Memorial Library College of the Ozarks General Delivery Point Lookout, MO 65726-9999 (417) 334-6411 ext. 3551
Thomas Jefferson Library University of Missouri-St. Louis 8001 Natural Bridge Road St. Louis, MO 63121-4499 (314) 516-5084	James C. Kirkpatrick Library University of Central Missouri 142 Edwards Library Warrensburg, MO 64093-5020 (660) 543-4149	Elmer Ellis Library University of Missouri-Columbia 106 B Ellis Library Columbia, MO 65211-5149 (573) 882-0748	Garnett Library Missouri State University—West Plains 304 Cleveland West Plains, MO 65775-3414 (417) 255-7945
Washington University Law Library Washington University Campus Box 1171, Mudd Bldg., One Brookings Dr. St. Louis, MO 63130-4899 (314) 935-6443	Kansas City Public Library 14 West 10th Street Kansas City, MO 64105 (816) 701-3546	Library State Historical Society of Missouri 1020 Lowry St. Columbia, MO 65211-7298 (573) 882-9369	Springfield-Greene County Library 4653 S. Campbell Springfield, MO 65801-0760 (417) 874-8110
St. Louis County Library 1640 S. Lindbergh Blvd. St. Louis, MO 63131-3598 (314) 994-3300 ext. 247	Law Library University of Missouri-Kansas City 5100 Rockhill Road Kansas City, MO 64110-2499 (816) 235-2438	Daniel Boone Regional Library PO Box 1267, 100 West Broadway Columbia, MO 65205-1267 (573) 443-3161 ext. 359	Meyer Library Missouri State University PO Box 175, 901 S. National Springfield, MO 65804-0095 (417) 836-4533
Library Maryville University 13550 Conway Road St. Louis, MO 63141-7232 (314) 529-9494	Miller Nichols Library University of Missouri-Kansas City 5100 Rockhill Road Kansas City, MO 64110-2499 (816) 235-2438	School of Law University of Missouri-Columbia 224 Hulston Hall Columbia, MO 65211-0001 (573) 882-1125	
Pickler Memorial Library Truman State University 100 E. Normal Kirksville, MO 63501-4221 (660) 785-7416	B.D. Owens Library Northwest Missouri State University 800 University Drive Maryville, MO 64468-6001 (660) 562-1841	Smiley Memorial Library Central Methodist University 411 Central Methodist Square Fayette, MO 65248-1198 (660) 248-6279	
	St. Joseph Public Library 927 Felix Street St. Joseph, MO 64501-2799 (816) 232-8151		

## 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.

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

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

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

## Title 15—ELECTED OFFICIALS Division 30—Secretary of State

### Chapter 54—Exemptions and Federal Covered Securities

#### EMERGENCY AMENDMENT

**15 CSR 30-54.210 Notice Filings for Transactions under Regulation D, Rules 505 and 506.** The secretary is amending section (3) and section (4).

*PURPOSE:* This amendment allows for electronic submission of notice filings and fees required under federal Regulation D, Rules 505 and 506, while still preserving the option to make paper filings with the Missouri Commissioner of Securities.

*EMERGENCY STATEMENT:* Business entities raising capital under the federal Regulation D exemption are required to make a Form D notice filing to the Missouri Commissioner of Securities. Regulation D is an important exemption for small-business owners in and out of Missouri. Every year in Missouri, hundreds of businesses raise millions of dollars in capital using the Regulation D exemption.

While this rule currently requires Form D filings to be made via paper with the commissioner, the North American Securities Administrators Association (NASAA) has recently completed work on the Electronic Filing Depository (EFD), an online portal which allows business owners to submit their Form Ds electronically to all state securities regulators, including Missouri.

The EFD system is set up to allow businesses to make Regulation

D filings in multiple states at the same time by selecting the states in which the offering will be made. Thus, the EFD system streamlines businesses' capital-raising costs, including costs associated with mailing, printing, and filing the necessary documents.

With little notice or warning, NASAA announced in October 2014 that the EFD system would be operational by December 2014. During the intervening two (2) months following the announcement, the Commissioner's staff examined the proposed EFD system for functionality and feasibility for use in Missouri. However, the short time frame and questions about the system's functionality in Missouri limited the ability of the Commissioner to amend existing rules by December to make legally effective those Form D filings made through the EFD system.

After now testing the functionality of the EFD system the commissioner believes the use of the electronic EFD system is feasible and will streamline businesses' capital-raising costs in Missouri. Moreover, the EFD system once operational will be available on the NASAA website for use by businesses in states without informing a business that Missouri does not have a corresponding rule in place to accept such filings. The commissioner for that reason finds this emergency amendment is necessary to promote the compelling governmental interest of allowing business entities to electronically file Form D through the EFD system in Missouri. Without the proposed emergency amendment, Form Ds filed in Missouri through the EFD system over the next six (6) months may not be legally effective. In other words, those businesses relying upon their EFD filings in Missouri and raising capital in this state will be acting outside of the exemption, potentially and unknowingly violating the law.

This proposed emergency amendment once effective will allow for immediate e-filing of Form Ds in the state of Missouri. Failing to allow e-filing until a proposed amendment can become effective will negatively impact capital formation in this state. Lacking this emergency amendment, some businesses over the next six (6) months may stumble into this violation, increasing their costs in compliance efforts. Businesses that do know that there is no rule may be deterred from filing in this state. This would especially affect small Missouri businesses that need to save costs by filing electronically but cannot do so. Further, in addition to imposing unnecessary compliance costs on businesses in the form of printing, storage, and labor, the failure to immediately adopt this rule could risk Missouri's reputation as a streamlined, low-hassle environment for business.

Therefore, the state of Missouri has a compelling governmental interest in providing securities issuers with the option to make Regulation D notice filings electronically. A proposed amendment that covers the same material is published in this issue of the *Missouri Register*. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the *Missouri* and *United States Constitutions*. The Missouri Commissioner of Securities believes that this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed on January 21, 2015, becomes effective January 31, 2015, and expires July 29, 2015.

(3) Notice Filings for Rules 505 and 506. The notice filing required for transactions in Missouri under 17 CFR 230.505 and 17 CFR 230.506, unless the securities or transactions would qualify for an exemption under sections 409.2-201, 409.2-202, or 409.2-203 of the Act, shall [consist of the following:] meet the requirements of subsection (A) or (B)—

(A) Paper Filing. A paper filing shall be made with the commissioner and shall consist of—

[(A)]1. One (1) paper copy of the electronic Form D filed with the SEC;

[(B)]2. The filing fee of one hundred dollars (\$100) as described in 15 CSR 30-50.030; and

[(C)]3. A cover letter stating the date on which the first sale of securities had occurred in Missouri or whether no sales have yet occurred in Missouri.

**(B) Electronic Filing.** A notice filing and related fees as described in 15 CSR 30-50.030 shall be transmitted to the Electronic Filing Depository, operated by the North American Securities Administrators Association, pursuant to 15 CSR 30-50.020(2).

(4) Each notice *[shall be filed with the commissioner]* filing made pursuant to section (3) shall be filed no later than fifteen (15) calendar days after the first sale of the securities in Missouri, unless the due date falls on a Saturday, Sunday, or holiday, in which case the due date is the first business day following.

*AUTHORITY: sections 409.2-203, 409.3-302, and 409.6-605, RSMo Supp. [2010] 2014. Emergency rule filed Aug. 12, 1982, effective Aug. 22, 1982, expired Dec. 10, 1982. Original rule filed Aug. 11, 1982, effective Dec. 11, 1982. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Jan. 21, 2015, effective Jan. 31, 2015, expires July 29, 2015. A proposed amendment covering this same material is published in this issue of the Missouri Register.*

## Title 15—ELECTED OFFICIALS Division 50—Treasurer

### Chapter 4—Missouri Higher Education Savings Program

#### EMERGENCY AMENDMENT

**15 CSR 50-4.020 Missouri Higher Education Savings Program.** The Missouri Higher Education Savings Program Board is amending section (1) and subsection (7)(A).

*PURPOSE: This Amendment changes the number of times per year that an account owner may direct the investment of contributions to the savings program.*

*EMERGENCY STATEMENT: On December 19, 2014 the president signed into law H.R. 5771 which, in Section 105, amends the provisions relating to the investment direction rule for 529 plans. Because of this amendment, MOST plan account owners should now be able to direct their investments contributions twice per year. The Missouri Higher Education Savings Program Board wishes to amend 15 CSR 50-4.020 to incorporate the latest amendment to federal law to allow its participants this increased ability to direct their investments twice per year and thereby continue to compete with other 529 plans. The use of an emergency amendment to allow this change immediately will ensure that the plan can compete with 529 plans which have already begun to allow this increased flexibility. The MOST plan currently has over eighty thousand (80,000) account owners who could benefit from this change. The Missouri Higher Education Savings Program Board finds this amendment is necessary to preserve a compelling governmental interest, which requires this emergency action. A proposed amendment that covers the same material is published in this issue of the Missouri Register. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the Missouri and United States Constitutions. The Missouri Higher Education Savings Program Board believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed January 22, 2015, becomes effective February 1, 2015, and expires July 30, 2015.*

*PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or*

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

(1) Incorporation by Reference. The provisions of section 529 of the Internal Revenue Code and the Treasury regulations (or proposed regulations) promulgated thereunder are incorporated herein by reference with the same effect as if fully set forth herein. **Section 529 of the Internal Revenue Code as amended by H.R. 5771, Division B, section 105, is located within Title 26 of the United States Code, Section 529, as published by the United States Government Printing Office, 732 North Capitol Street, NW, Washington, DC 20401-0001, effective December 31, 2014. This rule does not incorporate any later amendments or additions. The proposed regulations promulgated by the Department of the Treasury are located in 26 CFR Part 1, 63 FR 45019, as published by the United States Government Printing Office, 732 North Capitol Street, NW, Washington, DC 20401-0001, effective August 24, 1998. This rule does not incorporate any later amendments or additions.**

(7) Investments.

(A) General (Investment Standards and Objectives). The board shall invest the funds received from participants, together with any income thereon, in such investments as the board shall reasonably determine will achieve a long-term total return through a combination of capital appreciation and current income. In exercising or delegating its investment powers and authority, the board shall exercise ordinary business care and prudence under the facts and circumstances prevailing at the time of the action or decision. In accordance with the standards established herein and in the statute, the board may invest, through the board or any investment manager, funds received pursuant to the savings program. Any such investment shall be made solely in the interest of the account owners and beneficiaries and for the exclusive purposes of providing benefits to beneficiaries and defraying reasonable expenses of administering the program. An account owner or beneficiary *[may not directly or indirectly direct the investment of any contributions or earnings of the savings program]* may, directly or indirectly, direct the investments of any contributions to the program (or any earnings thereon) no more than two (2) times in any calendar year.

*AUTHORITY: section 166.415, RSMo Supp. [1998] 2014. Emergency rule filed Aug. 30, 1999, effective Sept. 14, 1999, expired March 12, 2000. Original rule filed Aug. 30, 1999, effective Feb. 29, 2000. Emergency amendment filed Jan. 22, 2015, effective Feb. 1, 2015, expires July 30, 2015. A proposed amendment covering this same material is published in this issue of the Missouri Register.*

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

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

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

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

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

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

Proposed Amendment Text Reminder:

**Boldface text indicates new matter.**

*[Bracketed text indicates matter being deleted.]*

**Title 5—DEPARTMENT OF ELEMENTARY  
AND SECONDARY EDUCATION  
Division 20—Division of Learning Services  
Chapter 200—Office of College and Career Readiness**

**PROPOSED AMENDMENT**

**5 CSR 20-200.260 Academic Standards.** The State Board of Education is amending the purpose and section (1).

*PURPOSE: This amendment revises language which clarifies the meaning of the standard regarding United States founding documents per a request from a member of the General Assembly.*

*PURPOSE: Section 160.514, RSMo requires the State Board of Education (board) to adopt academic standards which establish the knowledge, skills, and competencies necessary for students to successfully advance through the public elementary and secondary edu-*

*cation system of this state. This rule establishes those academic standards.*

(1) The following academic standards establish the minimum knowledge base, skills, and competencies necessary for students to successfully advance through the public elementary and secondary education system of this state[;], prepare students for *[post-secondary]* **postsecondary** education or the workplace or both; and are necessary in this era to preserve the rights and liberties of the people. The standards incorporate both what students should know and be able to do.

(A) Goal 1. Students in Missouri public schools will acquire the knowledge and skills to gather, analyze, and apply information and ideas. Students will demonstrate within, and integrate across, all content areas the ability to—

1. Develop questions and ideas to initiate and refine research;
2. Conduct research to answer questions and evaluate information and ideas;
3. Design and conduct field and laboratory investigations to study nature and society;
4. Use technological tools and other resources to locate, select, and organize information;
5. Comprehend and evaluate written, visual, and oral presentations and works;
6. Discover and evaluate patterns and relationships in information, ideas, and structures;
7. Evaluate the accuracy of information and the reliability of its sources;
8. Organize data, information, and ideas into useful forms (including charts, graphs, outlines) for analysis or presentation;
9. Identify, analyze, and compare the institutions, traditions, and art forms of past and present societies; and
10. Apply acquired information, ideas, and skills to different contexts as students, workers, citizens, and consumers.

(B) Goal 2. Students in Missouri public schools will acquire the knowledge and skills to communicate effectively within and beyond the classroom. Students will demonstrate within, and integrate across, all content areas the ability to—

1. Plan and make written, oral, and visual presentations for a variety of purposes and audiences;
2. Review and revise communications to improve accuracy and clarity;
3. Exchange information, questions, and ideas while recognizing the perspectives of others;
4. Present perceptions and ideas regarding works of arts, humanities, and sciences;
5. Perform or produce works in the fine and practical arts;
6. Apply communication techniques to the job search and to the workplace; and
7. Use technological tools to exchange information and ideas.

(C) Goal 3. Students in Missouri public schools will acquire the knowledge and skills to recognize and solve problems. Students will demonstrate within, and integrate across, all content areas the ability to—

1. Identify problems and define their scope and elements;
2. Develop and apply strategies based on ways others have prevented or solved problems;
3. Develop and apply strategies based on one's own experience in preventing or solving problems;
4. Evaluate the processes used in recognizing and solving problems;
5. Reason inductively from a set of specific facts and deductively from general premises;
6. Examine problems and proposed solutions from multiple perspectives;
7. Evaluate the extent to which a strategy addresses the problem; and

8. Assess costs, benefits, and other consequences of proposed solutions.

(D) Goal 4. Students in Missouri public schools will acquire the knowledge and skills to make decisions and act as responsible members of society. Students will demonstrate within, and integrate across, all content areas the ability to—

1. Explain reasoning and identify information used to support decisions;
2. Understand and apply the rights and responsibilities of citizenship in Missouri and the United States;
3. Analyze the duties and responsibilities of individuals in societies;
4. Recognize and practice honesty and integrity in academic work and in the workplace;
5. Develop, monitor, and revise plans of action to meet deadlines and accomplish goals;
6. Identify tasks that require a coordinated effort and work with others to complete those tasks;
7. Identify and apply practices that preserve and enhance the safety and health of self and others; and
8. Explore, prepare for, and seek educational and job opportunities.

(E) Communication Arts. In communication arts, students in Missouri public schools will acquire a solid foundation which includes proficiency in—

1. Speaking and writing standard English (including grammar, usage, punctuation, spelling, capitalization);
2. Reading and evaluating fiction, poetry, and drama;
3. Reading and evaluating nonfiction works and material (such as biographies, newspapers, technical manuals);
4. Writing formally (such as reports, narratives, essays) and informally (such as outlines, notes);
5. Comprehending and evaluating the content and artistic aspects of oral and visual presentations (such as story-telling, debates, lectures, multimedia presentations);
6. Participating in formal and informal presentations and discussions of issues and ideas; and
7. Identifying and evaluating relationships between language and culture.

(F) Fine Arts. In fine arts, students in Missouri public schools will acquire a solid foundation which includes knowledge of—

1. Process and techniques for the production, exhibition, or performance of one (1) or more of the visual or performed arts;
2. The principles and elements of different art forms;
3. The vocabulary to explain perceptions about and evaluations of works in dance, music, theater, and visual arts;
4. Interrelationships of visual and performing arts and the relationships of the arts to other disciplines; and
5. Visual and performing arts in historical and cultural contexts.

(G) Health/Physical Education. In health/physical education, students in Missouri public schools will acquire a solid foundation which includes knowledge of—

1. Structures of, functions of, and relationships among human body systems;
2. Principles and practices of physical and mental health (such as personal health habits, nutrition, stress management);
3. Diseases and methods for prevention, treatment, and control;
4. Principles of movement and physical fitness;
5. Methods used to assess health, reduce risk factors, and avoid high risk behaviors (such as violence, tobacco, alcohol, and other drug use);
6. Consumer health issues (such as the effects of mass media and technology on safety and health); and
7. Responses to emergency situations.

(H) Mathematics. In mathematics, students in Missouri public schools will acquire a solid foundation which includes knowledge of—

1. Addition, subtraction, multiplication, and division; other

number sense, including numeration and estimation; and the application of these operations and concepts in the workplace and other situations;

2. Geometric and spatial sense involving measurement (including length, area, volume), trigonometry, and similarity and transformations of shapes;

3. Data analysis, probability, and statistics;

4. Patterns and relationships within and among functions and algebraic, geometric, and trigonometric concepts;

5. Mathematical systems (including real numbers, whole numbers, integers, fractions), geometry, and number theory (including primes, factors, multiples); and

6. Discrete mathematics (such as graph theory, counting techniques, matrices).

(I) Science. In science, students in Missouri public schools will acquire a solid foundation which includes knowledge of—

1. Properties and principles of matter and energy;
2. Properties and principles of force and motion;
3. Characteristics and interactions of living organisms;
4. Changes in ecosystems and interactions of organisms with their environments;
5. Processes (such as plate movement, water cycle, air flow) and interactions of earth's biosphere, atmosphere, lithosphere, and hydrosphere;
6. Composition and structure of the universe and the motions of the objects within it;
7. Processes of scientific inquiry (such as formulating and testing hypothesis); and
8. Impact of science, technology, and human activity on resources and the environment.

(J) Social Studies. In social studies, students in Missouri public schools will acquire a solid foundation which includes knowledge of—

1. Principles expressed in the documents shaping *[constitutional democracy in] the government of the United States*;
2. Continuity and change in the history of Missouri, the United States, and the world;
3. Principles and process of governance systems;
4. Economic concepts (including productivity and the market system) and principles (including the laws of supply and demand);
5. The major elements of geographical study and analysis (such as location, place, movement, regions) and their relationships to changes in society and environment;
6. Relationships of the individual and groups to institutions and cultural traditions; and
7. The use of tools of social science inquiry (such as surveys, statistics, maps, documents).

**AUTHORITY:** sections 160.514 and 161.092, RSMo [1994] Supp. 2014. This rule previously filed as 5 CSR 50-375.100. Original rule filed Oct. 25, 1995, effective May 30, 1996. Moved to 5 CSR 20-200.260, effective Aug. 16, 2011. Amended: Filed Jan. 22, 2015.

**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 Elementary and Secondary Education, Attention: Sharon Helwig, PO Box 480, Jefferson City, MO 65102-0480. 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 5—DEPARTMENT OF ELEMENTARY  
AND SECONDARY EDUCATION  
Division 20—Division of Learning Services  
Chapter 600—Office of Early and Extended Learning**

**PROPOSED AMENDMENT**

**5 CSR 20-600.120 Instruction for Prekindergarten.** The State Board of Education is proposing to amend section (1).

*PURPOSE:* This amendment eliminates the restriction on using state aid distributed pursuant to section 163.031, RSMo, (foundation formula) to provide for prekindergarten which is now allowed pursuant to section 163.018, RSMo.

(1) A public school district may provide for the gratuitous education of pupils in prekindergarten. *[The gratuitous education, however, shall be provided only out of revenues which are not derived from state aid for the kindergarten through twelve (K-12) program and only with revenues which are not required for establishing and maintaining free public schools for the gratuitous instruction of persons between the ages of five and twenty (5-20) years.]*

*AUTHORITY:* sections 161.092 and 163.018, RSMo [1986] Supp. 2014. This rule previously filed as 5 CSR 50-340.020. Original rule filed Nov. 5, 1969, effective Nov. 15, 1969. Moved to 5 CSR 20-600.120, effective Aug. 16, 2011. Amended: Filed Jan. 22, 2015.

*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 Elementary and Secondary Education, Attention: Stacey Preis, Assistant Commissioner, Office of Early and Extended Learning, PO Box 480, Jefferson City, MO 65102-0480 or by email at eel@dese.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 5—DEPARTMENT OF ELEMENTARY  
AND SECONDARY EDUCATION  
Division 20—Division of Learning Services  
Chapter 700—Office of Data System Management**

**PROPOSED RULE**

**5 CSR 20-700.100 Statewide Longitudinal Data System**

*PURPOSE:* This rule explains the data collected by the Department of Elementary and Secondary Education within the statewide longitudinal data system commonly known as the Missouri Comprehensive Data System (MCDS). The rule also addresses the procedures that are used to ensure the confidentiality of student records maintained in the MCDS.

(1) Data Inventory.

(A) The Department of Elementary of Secondary Education (department) publishes annually an inventory of student data collected and posted on the department's website.

(B) The department shall notify annually to the governor, president pro tempore of the senate, the speaker of the house, and the joint committee on education any changes to existing data elements.

(2) Data Access and Management Policies.

(A) The department adheres to the confidentiality requirements of both federal and state laws including, but not limited to, the Family Educational Rights and Privacy Act (FERPA), the Individuals with Disabilities Education Act (IDEA), the Protection of Pupil Rights Amendment (PPRA), and the National School Lunch Act. These policies include:

1. Defining privacy, confidentiality, personally identifiable information, disclosure, access, and confidential data; and
2. Maintaining adequate privacy and confidentiality protections; including the assignment of a unique student identifier, data security, restricted access, and reasonable statistical disclosure.

(3) Data Requests.

(A) Requests must be submitted to the department in writing including, but not limited to, what data are being requested, the purpose of the request, for whom the study is being conducted, and how the requestor will ensure data confidentiality and security. Requests including student level data will require a Memorandum of Agreement (MOA) and research IDs will be created for all records.

(B) All recipients/users of the requested information must sign a MOA that includes:

1. Introduction and Relationship;
2. Data Being Requested;
3. Scope of Activities;
4. Participant Non-disclosure;
5. Confidentiality/Redisclosure;
6. Transfer/Storage/Disposal;
7. Release of Analyses;
8. Right to Audit; and
9. Agreement Period, Amendment, and Termination.

(4) Data Security Plan. The department, in cooperation with the Office of Administration Information Technology Service Division (OA-ITSD), reviews and maintains the data security plan. This includes, but is not limited to:

- (A) Guidelines for authentication of authorized access;
- (B) Privacy compliance standards;
- (C) Privacy security audits;
- (D) Breach planning, notification, and procedures;
- (E) Data retention and disposition policies; and
- (F) Data security policies including electronic, physical, and administrative safeguards.

*AUTHORITY:* sections 161.092 and 161.096, RSMo Supp. 2014. Original rule filed Jan. 22, 2015.

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

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

*NOTICE TO SUBMIT COMMENT:* Anyone may file a statement in support of or in opposition to this proposed rule with Leigh Ann Grant-Engle, Assistant Commissioner of the Office of Data System Management, Department of Elementary and Secondary Education, PO Box 480, Jefferson City, MO 65102-0480 or email at dsm@dese.mo.gov. To be considered, comments must be received thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 5—DEPARTMENT OF ELEMENTARY  
AND SECONDARY EDUCATION  
Division 30—Division of Financial and Administrative  
Services  
Chapter 640—School Buildings**

**PROPOSED RULE**

**5 CSR 30-640.200 Early Learning Facilities Funding Formula for Lease Agreements**

*PURPOSE:* The rule establishes a funding formula for early learning programs facility lease agreements when funding is requested from the Department of Elementary and Secondary Education (department).

(1) The department uses the following formula to determine the maximum reimbursement per fiscal year to local school districts and providers for early learning programs for facility lease arrangements:

(A) Standard amount of square footage per child multiplied by the number of eligible pupils utilizing the facility multiplied by the cost per square foot by county.

(2) If the actual expenditures are less than the reimbursement determined by the formula only actual expenditures will be reimbursed.

(3) For purposes of this rule the following terms mean:

(A) Standard amount of square footage per child is sixty (60) square foot. This encompasses educational, administrative, and ancillary space;

(B) Eligible pupils—

1. For Early Childhood Special Education (ECSE) programs the number of pupils enrolled on April 30 in the year for which facility lease reimbursement is requested; and

2. For the Missouri Preschool Program (MPP) the number of slots approved by the department for the program;

(C) Cost per square foot by county. The eightieth percentile of cost per square foot for the county where the facility is located as derived from the Office of Administration's annual lease reimbursement schedule as published on the department's website. The department will utilize the list compiled by the Office of Administration on July 1 for fiscal year for which reimbursement is requested.

(4) The formula will be used for reimbursement of facility lease costs incurred starting July 1, 2015.

(5) The ECSE and MPP programs are eligible for reimbursement for facility lease agreements.

(6) Requests for reimbursement shall be submitted to the department's finance section handling the costs for the specific early learning program on the designated form or web-based reporting system, following the deadlines for that program.

(7) Districts can have multiple early learning programs in the same building, but the facility lease costs must be prorated between the programs within the maximum cost in accordance with the funding formula.

*AUTHORITY:* sections 161.092 and 161.215, RSMo Supp. 2014. Original rule filed Jan. 22, 2015.

*PUBLIC COST:* It is estimated that this proposed rule will save the Department of Elementary and Secondary Education one million thirty-nine thousand one hundred thirty dollars and sixty cents (\$1,039,130.60) in fiscal year 2015. This proposed rule may cost the local school districts one million thirty-nine thousand one hundred

thirty dollars and sixty cents (\$1,039,130.60) in fiscal year 2015 if the current lease amount is not renegotiated and the lease exceeds the allowed amount under the proposed funding formula. It is unknown what the costs will be in future years as leases are renegotiated. If the new lease is consistent with the formula there will be no cost to local school districts for the leases.

*PRIVATE COST:* The private costs are unknown. It is estimated that this proposed rule could cost lessors one million thirty-nine thousand one hundred thirty dollars and sixty cents (\$1,039,130.60) in fiscal year 2015 if the local school district renegotiates the lease to correspond to the formula. If local districts pay the full lease cost out of local funds there will be no cost to the lessors. This proposed rule will cost private entities providing early childhood learning under a grant from the state of Missouri an unknown amount if the current lease amount exceeds the allowed amount under the proposed funding formula.

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed rule with the Department of Elementary and Secondary Education, ATTN: Special Education Finance, Division of Financial and Administrative Services, PO Box 480, Jefferson City, MO 65102-0480, or by email to [spedfunding@dese.mo.gov](mailto:spedfunding@dese.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**FISCAL NOTE  
PUBLIC COST**

- I. Department Title: Department of Elementary and Secondary Education  
Division Title: Division of Financial and Administrative Services  
Chapter Title: School Buildings**

<b>Rule Number and Name:</b>	5 CSR 30-640.200 Early Learning Facilities Funding Formula for Lease Agreements
<b>Type of Rulemaking:</b>	Proposed Rule

**II. SUMMARY OF FISCAL IMPACT**

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Elementary & Secondary Education	(1,039,130.60) per year
Local School Districts	\$1,039,130.60 per year

**III. WORKSHEET**

Code	District	Cost Department Currently Obligated to Pay for FY14 Leases	Cost to Department under New Proposed Formula	Cost to Public (Local School Districts) under New Proposed Formula
049-142	CARTHAGE R-IX	\$ 22,000.00	\$ 22,000.00	\$ -
108-142	NEVADA R-V	\$ 13,507.74	\$ 13,507.74	\$ -
006-104	LAMAR R-I	\$ 13,000.00	\$ 13,000.00	\$ -
050-014	DESOTO 73	\$ 47,335.47	\$ 47,335.47	\$ -
064-074	PALMYRA R-I	\$ 13,200.00	\$ 13,200.00	\$ -
025-001	CAMERON R-I	\$ 11,768.90	\$ 11,768.90	\$ -
096-119	SSD	\$ 65,068.00	\$ 65,068.00	\$ -
104-045	BLUE EYE R-V	\$ 11,898.00	\$ 11,898.00	\$ -
036-139	WASHINGTON	\$ 44,640.00	\$ 44,640.00	\$ -
104-045	BLUE EYE R-V	\$ 14,505.00	\$ 14,505.00	\$ -
039-141	SPRINGFIELD R-XII	\$ 687,729.00	\$ 454,022.40	\$ 233,706.60
022-089	NIXA	\$ 875,000.00	\$ 69,576.00	\$ 805,424.00
016-090	JACKSON R-II	\$ 29,821.00	\$ 29,821.00	\$ -
033-090	SALEM R-80	\$ 11,700.00	\$ 11,700.00	\$ -
083-001	N PLATTE CO. R-I	\$ 7,500.00	\$ 7,500.00	\$ -
084-001	BOLIVAR R-I	\$ 20,400.00	\$ 20,400.00	\$ -
084-002	FAIR PLAY R-II	\$ 7,000.00	\$ 7,000.00	\$ -
084-002	FAIR PLAY R-II	\$ 19,980.00	\$ 19,980.00	\$ -
107-152	HOUSTON R-I	\$ 20,250.00	\$ 20,250.00	\$ -
	<b>TOTAL</b>	<b>\$ 1,936,303.11</b>	<b>\$ 897,172.51</b>	<b>\$ 1,039,130.60</b>

**IV. ASSUMPTIONS**

The Department will save money on lease reimbursement by not limiting the lease reimbursement/payment amount to the formula. Local districts will pay the excess lease cost from local funds. If the districts renegotiate the lease to correspond to the formula there will be no cost to the district because the lease costs will be reimbursed. It is assumed that the cost where the square footage leased by some districts is unknown will remain the same.

**FISCAL NOTE  
PRIVATE COST**

- I. Department Title: Department of Elementary and Secondary Education  
Division Title: Division of Financial and Administrative Services  
Chapter Title: School Building**

<b>Rule Number and Title:</b>	5 CSR 30-640.200 Early Learning Facilities Funding Formula for Lease Agreements
<b>Type of Rulemaking:</b>	Proposed Rule

**II. SUMMARY OF FISCAL IMPACT**

Estimate of the number of entities by class which would likely be affected by the adoption of the 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:
<b>2</b>	<b>Lessors for Early Childhood Special Education</b>	<b>1,039,130.60 per year-</b>

**III. WORKSHEET**

Code	District	Cost Currently Paid to Private Entities by School Districts	Option I: Fiscal Impact to Private Entity if District Pays Any Remaining Lease Amount from Local Funds	Option II: Fiscal Impact to Private Entity if District Renegotiates Lease to Pay Formula Amount Only
049-142	CARTHAGE R-IX	\$ 22,000.00	\$ -	\$ -
108-142	NEVADA R-V	\$ 13,507.74	\$ -	\$ -
006-104	LAMAR R-I	\$ 13,000.00	\$ -	\$ -
050-014	DESOTO 73	\$ 47,335.47	\$ -	\$ -
064-074	PALMYRA R-I	\$ 13,200.00	\$ -	\$ -
025-001	CAMERON R-I	\$ 11,768.90	\$ -	\$ -
096-119	SSD	\$ 65,068.00	\$ -	\$ -
104-045	BLUE EYE R-V	\$ 11,898.00	\$ -	\$ -
036-139	WASHINGTON	\$ 44,640.00	\$ -	\$ -
104-045	BLUE EYE R-V	\$ 14,505.00	\$ -	\$ -
039-141	SPRINGFIELD R-XII	\$ 687,729.00	\$ -	\$ 233,706.60
022-089	NIXA	\$ 875,000.00	\$ -	\$ 805,424.00
016-090	JACKSON R-II	\$ 29,821.00	\$ -	\$ -
033-090	SALEM R-80	\$ 11,700.00	\$ -	\$ -
083-001	N PLATTE CO. R-I	\$ 7,500.00	\$ -	\$ -
084-001	BOLIVAR R-I	\$ 20,400.00	\$ -	\$ -
084-002	FAIR PLAY R-II	\$ 7,000.00	\$ -	\$ -
084-002	FAIR PLAY R-II	\$ 19,980.00	\$ -	\$ -
107-152	HOUSTON R-I	\$ 20,250.00	\$ -	\$ -
	<b>TOTAL</b>	<b>\$ 1,936,303.11</b>	<b>\$ -</b>	<b>\$ 1,039,130.60</b>

**IV. ASSUMPTIONS**

The school district renegotiates the lease to reduce the payments to what is provided in the formula. The lease amount remains at the fiscal year 2014 rate. That only the two (2) lessors who currently exceed the formula will charge more than the formula in the future.

**Title 11—DEPARTMENT OF PUBLIC SAFETY  
Division 30—Office of the Director  
Chapter 12—Forensic Examinations for Sexual Assault**

**PROPOSED AMENDMENT**

**11 CSR 30-12.010 Payments for Sexual Assault Forensic Examinations.** The Missouri Department of Public Safety is amending sections (1), (2), (3), and (7), adding new sections (7), (8), and (9), deleting section (10), and renumbering as needed. The amendments further define and set protocol for emergency and non-emergency sexual assault forensic examinations and medical provider qualifications for reimbursement.

*PURPOSE: This proposed amendment sets out additional definitions and protocols for a medical provider and/or a facility to receive reimbursement from the Missouri Department of Public Safety, Sexual Assault Forensic Examination Program for forensic examinations performed on a child in an emergency or nonemergency sexual assault situation. In addition, it defines qualifications for providers who perform a non-emergency forensic examination on a child age thirteen (13) or younger.*

(1) For purposes of this section, the following terms mean:

(B) “Child abuse medical resource centers,” medical institutions affiliated with accredited children’s hospitals or recognized institutions of higher education with accredited medical school programs that provide training, support, mentoring, and peer review to Sexual Assault Forensic Examination – Child Abuse Resource and Education (SAFE-CARE) providers in Missouri;

(C) “Sexual assault forensic examination child abuse resource education network” or “SAFE-CARE network,” a network of SAFE-CARE providers and child abuse medical resource centers that collaborate to provide forensic evaluations, medical training, support, mentoring, and peer review for SAFE-CARE providers for the medical evaluation of child abuse victims in this state to improve outcomes for children who are victims of, or at risk for, child maltreatment by enhancing the skills and role of the medical provider in a multidisciplinary context;

(D) “SAFE-CARE provider,” a physician, advanced practice nurse, or physician’s assistant licensed in this state who provides medical diagnosis and treatment to children suspected of being victims of abuse and who receives—

1. Missouri-based initial intensive training regarding child maltreatment from the SAFE-CARE network;

2. Ongoing update training on child maltreatment from the SAFE-CARE network; and

3. Peer review and new provider mentoring regarding the forensic evaluation of children suspected of being victims of abuse from the SAFE-CARE network;

[(B)](E) “Evidentiary collection kit,” a kit used during a forensic examination that includes materials necessary for appropriate medical providers to gather evidence in accordance with the forms and procedures developed by the attorney general for forensic examinations;

[(C)](F) “Forensic examination” or “Sexual Assault Forensic Examination (SAFE) exam,” an examination performed by an appropriate medical provider on a victim of an alleged sexual offense to gather evidence for the evidentiary collection kit or using other collection procedures developed for victims who are minors;

[(D)](G) “Medical treatment,” the treatment of all injuries and health concerns resulting directly from a patient’s sexual assault or victimization; [and]

[(E)](H) “Laboratory fees,” those laboratory fees associated with a forensic examination of a child age thirteen (13) or under or those laboratory fees associated with lab tests which the appropriate medical provider deems necessary to determine whether the victim had been drugged./;

(I) “Emergency forensic examination,” an examination of a person under fourteen (14) years of age that occurs within five (5) days of the alleged sexual offense; and

(J) “Non-emergency forensic examination,” an examination of a person under fourteen (14) years of age that occurs more than five (5) days after the alleged sexual offense.

(2) The victim or the victim’s parent or guardian [for the requesting agency] shall consent in writing to the examination. **If the victim is a minor, then a representative from the requesting agency which is referring the victim for the exam, such as law enforcement or Children’s Division, may sign for consent of the forensic exam.**

(3) Claims for payment of forensic examination expenses shall be submitted to, **and received by,** the Missouri Department of Public Safety, Sexual Assault Forensic Examination (SAFE) Program[, PO Box 1589, Jefferson City, MO 65102] **within ninety (90) days from the date of the forensic examination.**

(7) **To qualify for payment on claims for a non-emergency forensic exam, physicians, advance practice nurses (APRN), or physician assistants (PA) must meet at least one (1) of the following criteria:**

(A) Child Abuse Pediatrics Sub-board eligibility or Certificate of Added Qualification; or

(B) A SAFE-CARE provider.

(8) **To qualify for payment on claims for a non-emergency forensic exam, licensed nurses must meet the following criteria:**

(A) Pediatric Sexual Assault Nurse Examiners (SANE) certification (if performing exams on children age thirteen (13) or younger);

(B) Meet all SAFE-CARE training requirements; and

(C) Review of the exam by a health care provider who is a SAFE-CARE provider.

(9) **Emergency forensic exams performed by an appropriate medical provider including advance practice nurses (APRN) will be reimbursed provided that the incident meets the following criteria:**

(A) The alleged assault may have resulted in the transfer of trace biological material; or

(B) The alleged assault may have placed the child at risk for pregnancy; or

(C) The child complains of pain in the genital or anal area related to the disclosure of sexual abuse; or

(D) There is evidence or complaint of anogenital bleeding or injury.

[(7)](10) Payment shall not exceed—

(A) Nine hundred dollars (\$900) for forensic exams performed in an emergency room, including all costs associated with the facility and the appropriate medical provider fee. [Payment shall not exceed—]

1. **When the exam is performed by a physician, physician assistant, or an advanced practice nurse in an emergency room, payment shall not exceed—**

[1.A. Five hundred forty dollars (\$540) for the emergency room fee [if submitted separately]; and

[2.B. Three hundred sixty dollars (\$360) for the [appropriate medical] provider fee if submitted separately;

2. **When the exam is performed in an emergency room by an appropriate medical provider other than a physician, physician assistant, or an advanced practice nurse, payment shall not exceed—**

A. Six hundred forty dollars (\$640) for the emergency room fee if submitted separately; and

**B. Two hundred sixty dollars (\$260) for the provider fee if submitted separately;**

**(I) If a non-emergency sexual assault forensic examination is performed on a child age thirteen (13) or younger by a provider under this subsection who is not a SAFE-CARE provider and the exam is reviewed by a SAFE-CARE provider, then the provider will receive one hundred and ten dollars (\$110) and the SAFE-CARE provider will receive one hundred and fifty dollars (\$150).**

**(II) If a non-emergency sexual assault forensic examination is performed on a child age thirteen (13) or younger by a provider under this subsection who is not a SAFE-CARE provider and the exam is not reviewed by a SAFE-CARE provider, then payment will not issue;**

(B) Six hundred fifty dollars (\$650) for forensic exams performed in a clinic, including all costs associated with the facility and the appropriate medical provider.

1. When the exam is performed by a physician, **physician assistant or an advanced practice nurse in a clinic**, payment shall not exceed—

*[1./A.* Two hundred ninety dollars (\$290) for the clinic fee if submitted separately; **and**

*2./B.* Three hundred sixty dollars (\$360) for the *[appropriate medical]* provider fee if submitted separately; **and**

*3./2.* When the exam is performed in a clinic by an appropriate medical provider other than a physician, **physician assistant, or an advanced practice nurse**, payment shall not exceed—

A. Three hundred ninety dollars (\$390) for the clinic fee if submitted separately; **and**

B. Two hundred sixty dollars (\$260) for the *[appropriate medical]* provider fee if submitted separately; *[and]*

**(I) If a non-emergency sexual assault forensic examination is performed on a child age thirteen (13) or younger by a provider under this subsection who is not a SAFE-CARE provider and the exam is reviewed by a SAFE-CARE provider, then the provider will receive one hundred and ten dollars (\$110) and the SAFE-CARE provider will receive one hundred and fifty dollars (\$150).**

**(II) If a non-emergency sexual assault forensic examination is performed on a child age thirteen (13) or younger by a provider under this subsection who is not a SAFE-CARE provider and the exam is not reviewed by a SAFE-CARE provider, then payment will not issue; **and****

(C) Two hundred dollars (\$200) for any laboratory fees associated with the forensic examination, whether the forensic examination is conducted at an emergency room or clinic.

*[[8]](11)* The billing statement must include an itemization of the charges incurred while conducting the forensic examination, including, if applicable, the itemized laboratory fees.

*[[9]](12)* For the purposes of billing the Sexual Assault Forensic Examination Program, claims shall not include charges for medical procedures that are not part of the SAFE exam. The SAFE Program shall not pay for any portions of the itemized bill that are not part of the SAFE exam. The SAFE Program shall not pay for any laboratory fees associated with a SAFE exam except for qualified laboratory fees.

*[[10]* All claims for sexual assault forensic examination charges must be submitted to the department within ninety (90) days from the date of the forensic examination.]

*[[11]](13)* Only one (1) forensic examination per victim per sexual offense may be reimbursed.

*[[12]](14)* For a forensic examination to be eligible for reimbursement by the SAFE Program—

(A) The victim of the alleged sexual offense must be a Missouri resident; or

(B) The alleged sexual offense must have occurred in Missouri.

*[[13]](15)* The department, at its discretion, may require additional information regarding the forensic examination for auditing purposes.

*AUTHORITY:* section 595.220, RSMo Supp. [2011] 2014. Emergency rule filed Dec. 7, 2011, effective Dec. 17, 2011, expired June 13, 2012. Original rule filed Dec. 7, 2011, effective Aug. 30, 2012. Amended: Filed Feb. 2, 2015

*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 Public Safety, PO Box 749, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 11—DEPARTMENT OF PUBLIC SAFETY  
Division 75—Peace Officer Standards and  
Training Program  
Chapter 18—Corporate Security Advisor**

**PROPOSED RULE**

**11 CSR 75-18.010 Procedure to Obtain a Corporate Security Advisor License**

*PURPOSE:* This rule identifies the procedure and requirements to obtain corporate security advisor license pursuant to section 590.750, RSMo.

(1) To be eligible to apply for a corporate security advisor license, an applicant must satisfy the following minimum qualifications. The applicant shall be:

(A) Twenty-five (25) years of age or older;

(B) A United States citizen;

(C) The holder of a valid high school diploma or its equivalent, as defined by 11 CSR 75-2.010; and

(D) One (1) or more of the following:

1. A graduate of a state recognized basic law enforcement training program consisting of at least six hundred (600) hours of basic training described in 11 CSR 75-14; or

2. A graduate of a basic law enforcement training program consisting of at least one hundred twenty (120) hours of basic training described in 11 CSR 75-14, and having completed a minimum of ten (10) years of service as a commissioned peace officer; or

3. Formerly employed as a credentialed federal special agent.

(2) An applicant shall submit a corporate security advisor license application to the director on a form to be developed or adopted by the director.

(3) As a condition of eligibility to obtain a corporate security advisor license, the applicant shall provide documentation to the director (issued no more than ten (10) days prior to the date of application) from his/her intended corporate employer, indicating the corporate employer's intention to hire the applicant as a corporate security advisor. This documentation shall also include signed and notarized

statements from a supervising representative of the intended corporate employer affirming—

(A) There are a minimum of one hundred fifty (150) full-time personnel currently employed by the intended corporate employer in locations in Missouri;

(B) The intended corporate employer is insured for liability in an amount not less than one (1) million dollars, and a statement that the applicant will be included in the policy as a named insured; and

(C) The employer's business is headquartered in Missouri or the applicant's employer conducts a substantial portion of its business in Missouri.

(4) An applicant shall submit verification of successfully completing a forty- (40-) hour corporate security advisor training program approved by the director pursuant to 11 CSR 75-18.020.

(5) The applicant shall submit to being fingerprinted in a manner approved by the Missouri State Highway Patrol pursuant to section 43.543, RSMo, to determine if the applicant has a criminal history record on file with the Missouri criminal records repository or the Federal Bureau of Investigation. The resulting criminal history record, including both open and closed records, shall be forwarded by the applicant to the director. The fee associated with being fingerprinted in this manner shall be the responsibility of the applicant.

(6) The director shall examine the qualifications of each applicant and determine whether the applicant has met all requirements for licensing or whether there is cause to deny the applicant pursuant to 11 CSR 75-18.070. The director may investigate or request any additional information from an applicant as the director deems necessary.

(7) The director may grant the corporate security advisor license or deny the applicant's request to be licensed. An applicant aggrieved by the decision of the director may appeal pursuant to 11 CSR 75-18.070.

(8) As a condition of initial and continued licensure, corporate security advisors shall provide a current address of record with the director.

*AUTHORITY: section 590.750, RSMo Supp. 2014. Original rule filed Feb. 2, 2015.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with Jeremy Spratt, Missouri Department of Public Safety Peace Officer Standards and Training (POST) Program Manager, PO Box 749, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 11—DEPARTMENT OF PUBLIC SAFETY  
Division 75—Peace Officer Standards and  
Training Program  
Chapter 18—Corporate Security Advisor**

**PROPOSED RULE**

**11 CSR 75-18.020 Minimum Training Requirements**

*PURPOSE: This rule identifies the minimum training requirements for corporate security advisors.*

(1) As a condition of licensure, corporate security advisor license applicants shall complete a training program consisting of at least forty (40) contact hours. This training program shall, at a minimum, cover the following topics in the minimum time noted:

(A) Handgun safety, responsibility, liability, and qualification – 8 hours

(B) Missouri statutory laws related to detention of offenders by private citizens – 4 hours;

(C) Defensive tactics – 4 hours;

(D) Intermediate weapons – 4 hours;

(E) Basic first aid/CPR and AED use – 8 hours;

(F) Workplace violence response – 4 hours;

(G) Prevention of assaults and kidnapping – 4 hours; and

(H) Reduction of personal and corporate civil liability – 4 hours.

(2) For the handgun qualification portion of the training program, applicants shall successfully complete the same handgun qualification course administered during the basic law enforcement training course pursuant to 11 CSR 75-14.030 and 11 CSR 75-14.050.

(3) At the completion of the training program, applicants shall be tested for mastery of each subject area. A written or practical examination may test more than one (1) subject area simultaneously.

(4) Trainees shall be graded as follows:

(A) Mastery of firearms shall be tested by practical examination and scored on a numerical scale from zero (0) to one hundred (100). Supplemental written examinations are permitted, but the overall firearms score required for graduation pursuant to paragraph (5)(B)3. of this rule shall be based solely upon the practical examinations. The final grade of the firearms practical examination may, at the discretion of the training center director, be recorded as a pass or fail;

(B) Mastery of defensive tactics and any other training subject areas requiring a trainee to perform a demonstrative skill shall be tested by practical examination and may be graded on a numerical scale from zero (0) to one hundred (100) or on a pass/fail basis;

(C) Mastery of all other subject areas shall be tested by written or practical examination and shall be graded on a numerical scale from zero (0) to one hundred (100). Pass/fail grading is not permitted;

(D) A trainee who achieves less than seventy percent (70%) on any written examination may, at the discretion of the training center director, retake the examination one (1) time. The highest score that may be awarded on a retake examination is seventy percent (70%);

(E) A trainee who achieves a failing score on an objective graded pass/fail basis may, at the discretion of the training center director, reattempt the objective one (1) time;

(F) A trainee who achieves less than seventy percent (70%) on the firearms practical examination may, at the discretion of the training center director, retake the practical examination one (1) time. The highest score that may be awarded on a retake examination is seventy percent (70%);

(G) The weighing of each exam in calculating a trainee's overall score shall be determined by the training center policy before the start of the training course; and

(H) The determination to grade an objective pass/fail shall be made before the start of the training course.

(5) To be eligible for graduation from a corporate security advisor training program, a trainee shall, at a minimum—

(A) Attend one hundred percent (100%) of the total contact hours of the corporate security advisor training program; and

(B) Achieve—

1. A score of no less than seventy percent (70%) on each written exam;

2. A passing score on each objective graded pass or fail; and

3. An overall firearms score of no less than seventy percent (70%).

(6) Only those basic training centers licensed pursuant to 11 CSR 75-14.010–14.080 and those Continuing Law Enforcement Education (CLEE) training providers licensed pursuant to 11 CSR 75-15.030, shall be approved to deliver the corporate security advisor training program.

(7) Any corporate security advisor license issued by fraud, misrepresentation, or mistake to a person not qualified to receive such license shall be subject to recall by the director. The director's determination to recall a license shall be subject to review only pursuant to section 536.150, RSMo.

*AUTHORITY: section 590.750, RSMo Supp. 2014. Original rule filed Feb. 2, 2015.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with Jeremy Spratt, Missouri Department of Public Safety Peace Officer Standards and Training (POST) Program Manager, PO Box 749, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 11—DEPARTMENT OF PUBLIC SAFETY  
Division 75—Peace Officer Standards and  
Training Program  
Chapter 18—Corporate Security Advisor**

**PROPOSED RULE**

**11 CSR 75-18.030 Continuing Education Requirements**

*PURPOSE: This rule identifies the continuing education requirements for corporate security advisors.*

(1) As a condition of continued licensure, corporate security advisors shall complete the same Continuing Law Enforcement Education (CLEE) training requirements as licensed peace officers pursuant to 11 CSR 75-15.010. However, corporate security advisors are not required to complete racial profiling training unless otherwise mandated by law. In addition, corporate security advisors shall be required to successfully complete an annual handgun qualification course. This handgun qualification course can only be offered by firearms instructors affiliated with basic training centers licensed pursuant to 11 CSR 75-14.010–14.080, and CLEE training providers licensed pursuant to 11 CSR 75-15.030.

(2) The continuing education reporting dates for corporate security advisors shall be same as it is for licensed peace officers pursuant to 11 CSR 75-15.010.

(3) At the conclusion of each continuing education reporting period, the director shall determine the compliance of each corporate security advisor pursuant to this rule. Each corporate security advisor shall be responsible for reporting and demonstrating continuing education compliance in methods approved by the director.

*AUTHORITY: section 590.750, RSMo Supp. 2014. Original rule filed Feb. 2, 2015.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with Jeremy Spratt, Missouri Department of Public Safety Peace Officer Standards and Training (POST) Program Manager, PO Box 749, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 11—DEPARTMENT OF PUBLIC SAFETY  
Division 75—Peace Officer Standards and  
Training Program  
Chapter 18—Corporate Security Advisor**

**PROPOSED RULE**

**11 CSR 75-18.040 Change of Employment Status**

*PURPOSE: This rule identifies when a corporate security advisor must report a change to his/her corporate security employment status.*

(1) Corporate security advisors shall report changes of their corporate security employment status to the director, to include employment termination, on a form to be developed or adopted by the director. This change of corporate security employment status form shall be submitted to the director within thirty (30) days of the date of change.

(2) If the notification is to report a change of corporate security employer, to maintain licensure as a corporate security advisor, the licensee shall also provide within thirty (30) days of the date of change, signed and notarized statements from a supervising representative of the intended corporate employer affirming—

(A) There are a minimum of one hundred fifty (150) full-time personnel currently employed by the intended corporate employer in locations in Missouri;

(B) The intended corporate employer is insured for liability in an amount not less than one (1) million dollars, and a statement that the applicant will be included in the policy as a named insured; and

(C) The employer's business is headquartered in Missouri or the applicant's employer conducts a substantial portion of its business in Missouri.

(3) The licensee shall submit to being re-fingerprinted in a manner approved by the Missouri State Highway Patrol pursuant to section 43.543, RSMo, to determine if the licensee has a criminal history record on file with the Missouri criminal records repository or the Federal Bureau of Investigation. The resulting criminal history record, including both open and closed records, shall be forwarded by the licensee to the director. The fee associated with being fingerprinted in this manner shall be the responsibility of the licensee.

*AUTHORITY: section 590.750, RSMo Supp. 2014. Original rule filed Feb. 2, 2015.*

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

*PRIVATE COST: This proposed rule will not cost private entities*

more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed rule with Jeremy Spratt, Missouri Department of Public Safety Peace Officer Standards and Training (POST) Program Manager, PO Box 749, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 11—DEPARTMENT OF PUBLIC SAFETY  
Division 75—Peace Officer Standards and  
Training Program  
Chapter 18—Corporate Security Advisor**

**PROPOSED RULE**

**11 CSR 75-18.050 Inactivation and Expiration of Corporate Security Advisor Licenses**

*PURPOSE:* This rule identifies when a corporate security officer license becomes inactive and expires.

(1) Corporate security advisor licenses shall become inactive after the licensee's last day of employment as a corporate security advisor and shall expire after five (5) consecutive years of inactivity.

*AUTHORITY:* section 590.750, RSMo Supp. 2014. Original rule filed Feb. 2, 2015.

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

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

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed rule with Jeremy Spratt, Missouri Department of Public Safety Peace Officer Standards and Training (POST) Program Manager, PO Box 749, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 11—DEPARTMENT OF PUBLIC SAFETY  
Division 75—Peace Officer Standards and  
Training Program  
Chapter 18—Corporate Security Advisor**

**PROPOSED RULE**

**11 CSR 75-18.060 Cause to Discipline Corporate Security Advisor Licensee**

*PURPOSE:* This rule identifies the causes of discipline for a corporate security advisor licensee.

(1) The director shall have cause to discipline any corporate security advisor licensee who—

(A) Is unable to perform the functions of a corporate security advisor with reasonable competency or reasonable safety as a result of a mental condition, including alcohol or substance abuse;

(B) Tests positive for the presence of unlawful drugs;

(C) Has committed any criminal offense, whether or not a criminal charge has been filed;

(D) Has committed any act that involves moral turpitude or a reckless disregard for the safety of the public or any person;

(E) Has caused a material fact to be misrepresented for the purpose of obtaining or retaining a corporate security advisor license issued pursuant to 11 CSR 75-18.010;

(F) Has had a peace officer's license or security license revoked by any jurisdiction;

(G) Has violated a condition of any order of probation lawfully issued by the director; or

(H) Has violated a rule promulgated pursuant to section 590.750, RSMo.

(2) When the director has knowledge of cause to discipline a corporate security advisor pursuant to this rule, the director may cause a complaint to be filed with the administrative hearing commission, which shall conduct a hearing to determine whether the director has cause for discipline, and which shall issue findings of fact and conclusions of law on the matter. The Administrative Hearing Commission shall not consider the relative severity of the cause for discipline or any rehabilitation of the licensee or otherwise impinge upon the discretion of the director to determine appropriate discipline when cause exists pursuant to this section.

(3) Upon a finding by the Administrative Hearing Commission that cause to discipline exists, the director shall, within thirty (30) days, hold a hearing to determine the form of discipline to be imposed and thereafter shall probate, suspend, or permanently revoke the license at issue. If the licensee fails to appear at the director's hearing, this shall constitute a waiver of the right to such hearing.

(4) Notice of any hearing pursuant to this chapter or section may be made by certified mail to the licensee's address of record pursuant to 11 CSR 75-18.010(8). Proof of refusal of the licensee to accept delivery or the inability of postal authorities to deliver such certified mail shall be evidence that required notice has been given. Notice may be given by publication.

(5) Nothing contained in this section shall prevent a licensee from informally disposing of a cause for discipline with the consent of the director by voluntarily surrendering a license or by voluntarily submitting to discipline. The voluntary surrender of a corporate security advisor's license shall be permanent.

(6) The provisions of chapter 621 and any amendments thereto shall apply to and govern the proceedings of the Administrative Hearing Commission and pursuant to this section the rights and duties of the parties involved.

*AUTHORITY:* section 590.750, RSMo Supp. 2014. Original rule filed Feb. 2, 2015.

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

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

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed rule with Jeremy Spratt, Missouri Department of Public Safety Peace Officer Standards and Training (POST) Program Manager, PO Box 749, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 11—DEPARTMENT OF PUBLIC SAFETY**  
**Division 75—Peace Officer Standards and**  
**Training Program**  
**Chapter 18—Corporate Security Advisor**

**PROPOSED RULE**

**11 CSR 75-18.070 Cause to Deny Corporate Security Advisor License**

*PURPOSE: This rule identifies the causes to deny a corporate security advisor license.*

(1) The director shall have cause to deny any application for a corporate security advisor license when the director has knowledge that would constitute cause to discipline the applicant if the applicant were licensed.

(2) When the director has knowledge of cause to deny an application pursuant to this section, the director may grant the application subject to probation or may deny the application. The director shall notify the applicant in writing of the reasons for such action and of the right to appeal pursuant to this section.

(3) Any applicant aggrieved by a decision of the director pursuant to this section may appeal within thirty (30) days to the Administrative Hearing Commission, which shall conduct a hearing to determine whether the director has cause for denial, and which shall issue findings of fact and conclusions of law on the matter. The Administrative Hearing Commission shall not consider the relative severity of the cause for denial or any rehabilitation of the applicant or otherwise impinge upon the discretion of the director to determine whether to grant the application subject to probation or deny the application when cause exists pursuant to this section. Failure to submit a written request for a hearing to the administrative hearing commission within thirty (30) days after a decision of the director pursuant to this rule shall constitute a waiver of the right to appeal such decision.

(4) Upon a finding by the Administrative Hearing Commission that cause for denial exists, the director shall not be bound by any prior action on the matter and shall, within thirty (30) days, hold a hearing to determine whether to grant the license subject to probation or deny the application. If the licensee fails to appear at the director's hearing, this shall constitute a waiver of the right to such hearing.

(5) The provisions of chapter 621 and any amendments thereto shall apply to and govern the proceedings of the Administrative Hearing Commission pursuant to this section and the rights and duties of the parties involved.

*AUTHORITY: section 590.750, RSMo Supp. 2014. Original rule filed Feb. 2, 2015.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with Jeremy Spratt, Missouri Department of Public Safety Peace Officer Standards and Training (POST) Program Manager, PO Box 749, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 13—DEPARTMENT OF SOCIAL SERVICES**  
**Division 40—Family Support Division**  
**Chapter 13—Blind Pension**

**PROPOSED RESCISSION**

**13 CSR 40-13.030 Adjustment of Blind Pension Payments.** This rule established the procedures and methods by which the Department of Social Services will reduce pension payments to blind pensioners where the funds at the disposal of or may be obtained by the department for payment of blind pension payments are insufficient to pay the full pension payment to each person entitled to a blind pension payment as authorized in section 209.040.2, RSMo.

*PURPOSE: This regulation is being rescinded because the governor's proposed fiscal year 2015 supplemental increase and proposed fiscal year 2016 budget increase to the Blind Pension Fund make the regulation unnecessary.*

*AUTHORITY: sections 207.020.1(5) and 209.040.2, RSMo Supp. 2014, and section 660.017, RSMo 2000. Emergency rule filed Oct. 8, 2014, effective Oct. 18, 2014, expired April 15, 2015. Original rule filed July 28, 2014, effective Jan. 30, 2015. Rescinded: Filed Jan. 27, 2015.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Social Services, Family Support Division, Alyson Campbell, Director, 615 Howerton Court, PO Box 2320, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 15—ELECTED OFFICIALS**  
**Division 30—Secretary of State**  
**Chapter 54—Exemptions and Federal Covered Securities**

**PROPOSED AMENDMENT**

**15 CSR 30-54.210 Notice Filings for Transactions under Regulation D, Rules 505 and 506.** The secretary is amending section (3) and section (4).

*PURPOSE: This amendment allows for electronic submission of notice filings and fees required under federal Regulation D, Rules 505 and 506, while still preserving the option to make paper filings with the Missouri Commissioner of Securities.*

(3) Notice Filings for Rules 505 and 506. The notice filing required for transactions in Missouri under 17 CFR 230.505 and 17 CFR 230.506, unless the securities or transactions would qualify for an exemption under sections 409.2-201, 409.2-202, or 409.2-203 of the Act, shall *[consist of the following:]* **meet the requirements of subsection (A) or (B)—**

**(A) Paper Filing.** A paper filing shall be made with the commissioner and shall consist of—

*[(A)]1.* One (1) paper copy of the electronic Form D filed with the SEC;

*[(B)]2.* The filing fee of one hundred dollars (\$100) as described in 15 CSR 30-50.030; and

*[(C)]3.* A cover letter stating the date on which the first sale of securities had occurred in Missouri or whether no sales have yet occurred in Missouri.

**(B) Electronic Filing.** A notice filing and related fees as described in 15 CSR 30-50.030 shall be transmitted to the Electronic Filing Depository, operated by the North American Securities Administrators Association, pursuant to 15 CSR 30-50.020(2).

(4) Each notice *[shall be filed with the commissioner]* filing made pursuant to section (3) shall be filed no later than fifteen (15) calendar days after the first sale of the securities in Missouri, unless the due date falls on a Saturday, Sunday, or holiday, in which case the due date is the first business day following.

*AUTHORITY: sections 409.2-203, 409.3-302, and 409.6-605, RSMo Supp. [2010] 2014. Emergency rule filed Aug. 12, 1982, effective Aug. 22, 1982, expired Dec. 10, 1982. Original rule filed Aug. 11, 1982, effective Dec. 11, 1982. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Jan. 21, 2015, effective Jan. 31, 2015, expires July 29, 2015. Amended: Filed Jan. 21, 2015.*

*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 could cost private entities an estimated one hundred forty-four thousand six hundred dollars (\$144,600) per year in the aggregate. However, this figure is based on the assumption that private entities will elect to use the Electronic Filing Depository and pay its one hundred fifty dollar (\$150) system use fee rather than choosing paper filing. A fiscal note of private cost has been submitted for review.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Securities Division, PO Box 1276, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**FISCAL NOTE  
PRIVATE COST**

- I. Department Title:** Title 15—Elected Officials  
**Division Title:** Division 30—Secretary of State  
**Chapter Title:** Chapter 54—Exemptions and Federal Covered Securities

<b>Rule Number and Title:</b>	15 CSR 30-54.210 Notice Filings for Transactions under Regulation D, Rules 505 and 506.
<b>Type of Rulemaking:</b>	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:
964 entities (approx.)	Business entities issuing securities under Regulation D	\$144,600 per year

**III. WORKSHEET**

(964 Regulation D filings made in FY2014) x (\$150 system use fee for Electronic Filing Depository) = \$144,600 per year

**IV. ASSUMPTIONS**

- The number of yearly notice filings under Regulation D in FY2015 and thereafter will be the same as in FY2014.
- All issuers will choose electronic filing, which requires a \$150 system use fee, over paper filing, for which there is no extra charge.

**Title 15—ELECTED OFFICIALS**

**Division 50—Treasurer**

**Chapter 4—Missouri Higher Education Savings Program**

**PROPOSED AMENDMENT**

**15 CSR 50-4.020 Missouri Higher Education Savings Program.**

The Missouri Higher Education Savings Program Board is amending section (1) and subsection (7)(A).

*PURPOSE:* This Amendment changes the number of times per year that an account owner may direct the investment of contributions to the savings program.

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

(1) Incorporation by Reference. The provisions of section 529 of the *Internal Revenue Code* and the Treasury regulations (or proposed regulations) promulgated thereunder are incorporated herein by reference with the same effect as if fully set forth herein. **Section 529 of the *Internal Revenue Code* as amended by H.R. 5771, Division B, section 105, is located within Title 26 of the *United States Code*, Section 529, as published by the United States Government Printing Office, 732 North Capitol Street, NW, Washington, DC 20401-0001, effective December 31, 2014. This rule does not incorporate any later amendments or additions. The proposed regulations promulgated by the Department of the Treasury are located in 26 CFR Part 1, 63 FR 45019, as published by the United States Government Printing Office, 732 North Capitol Street, NW, Washington, DC 20401-0001, effective August 24, 1998. This rule does not incorporate any later amendments or additions.**

(7) Investments.

(A) General (Investment Standards and Objectives). The board shall invest the funds received from participants, together with any income thereon, in such investments as the board shall reasonably determine will achieve a long-term total return through a combination of capital appreciation and current income. In exercising or delegating its investment powers and authority, the board shall exercise ordinary business care and prudence under the facts and circumstances prevailing at the time of the action or decision. In accordance with the standards established herein and in the statute, the board may invest, through the board or any investment manager, funds received pursuant to the savings program. Any such investment shall be made solely in the interest of the account owners and beneficiaries and for the exclusive purposes of providing benefits to beneficiaries and defraying reasonable expenses of administering the program. An account owner or beneficiary [may not directly or indirectly direct the investment of any contributions or earnings of the savings program] may, directly or indirectly, direct the investments of any contributions to the program (or any earnings thereon) no more than two (2) times in any calendar year.

*AUTHORITY:* section 166.415, *RSMo Supp. [1998] 2014*. Emergency rule filed Aug. 30, 1999, effective Sept. 14, 1999, expired March 12, 2000. Original rule filed Aug. 30, 1999, effective Feb. 29, 2000. Emergency amendment filed Jan. 22, 2015, effective Feb. 1, 2015, expires July 30, 2015. Amended: Filed Jan. 22, 2015.

*PUBLIC COST:* This proposed amendment will not cost state agen-

cies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

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

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Higher Education Savings Program Board, PO Box 210, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES**  
**Division 10—Office of the Director**  
**Chapter 33—Hospital and Ambulatory Surgical Center Data Disclosure**

**PROPOSED RESCISSION**

**19 CSR 10-33.010 Reporting Patient Abstract Data by Hospitals and Ambulatory Surgical Centers.** This rule established procedures for reporting patient abstract data for inpatients and outpatients by hospitals and ambulatory surgical centers to the Department of Health.

*PURPOSE:* This rule is being rescinded as it is being replaced with a rule that updates language to incorporate the federal mandate of *Internal Classification of Diseases 10 (ICD-10) coding for hospitals and ambulatory surgical centers and updates language to improve the reporting process for these entities.*

*AUTHORITY:* section 192.667, *RSMo 2000*. Emergency rule filed Nov. 4, 1992, effective Nov. 14, 1992, expired March 13, 1993. Emergency rule filed March 4, 1993, effective March 14, 1993, expired July 11, 1993. Original rule filed Nov. 4, 1992, effective June 7, 1993. For intervening history, please consult the *Code of State Regulations*. Rescinded: Filed Jan. 29, 2015.

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

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

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri Department of Health and Senior Services, Division of Community and Public Health, Harold Kirbey, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES**  
**Division 10—Office of the Director**  
**Chapter 33—Hospital and Ambulatory Surgical Center Data Disclosure**

**PROPOSED RULE**

**19 CSR 10-33.010 Reporting Patient Abstract Data by Hospitals and Ambulatory Surgical Centers**

**PURPOSE:** This rule establishes procedures for reporting patient abstract data for inpatients and outpatients by hospitals and ambulatory surgical centers to the Department of Health and Senior Services and for the management and dissemination of this data.

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

(1) The following definitions shall be used in the interpretation of this rule:

(A) Coinvestigator means any person or organization that applies to the Department of Health and Senior Services to be a coinvestigator of an epidemiological study;

(B) Department means the Missouri Department of Health and Senior Services;

(C) Epidemiological study means research using patient abstract data to understand, promote, or safeguard the health of a defined population. No marketing study or study designed to use data on a specific provider shall be considered an epidemiological study;

(D) Inpatient encounter means an encounter which begins with the formal acceptance by a hospital or a distinct part of a hospital of a patient who is to receive physician, dentist, or allied services while receiving room, board, and continuous nursing care. It ends with the termination of the room, board, and continuous nursing services, and the formal release of an inpatient from the hospital or the transfer of the patient to a different distinct hospital unit. All significant procedures are to be reported. A significant procedure is one that is surgical in nature; carries a procedural risk; requires specialized training; carries an anesthetic risk such as open procedures, endoscopy procedures, catheterization procedures, pain management procedures, injection procedures such as myelograms, arthrograms, etc.; or is needed for Medicare Severity Diagnosis Related Group (MS-DRG) assignment. Inpatient procedures should be coded according to the International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS);

(E) Observation services are those services furnished on a hospital's premises, including use of a bed and periodic monitoring by a hospital's nursing or other staff, which are reasonable and necessary to evaluate an outpatient's condition or determine the need for a possible admission to the hospital as an inpatient. Charges for observation services usually are made on an hourly basis. Observation services usually do not exceed twenty-four (24) hours. However, there is no hourly limit on the extent to which they may be used;

(F) Outpatient encounter refers to patients seen in the emergency room and patients receiving invasive procedures on an outpatient basis. All significant procedures are to be reported. A significant procedure is one that is surgical in nature; carries a procedural risk; requires specialized training; or carries an anesthetic risk such as open procedures, endoscopy procedures, catheterization procedures, pain management procedures, injection procedures such as myelograms, arthrograms, etc. Outpatient procedures should be coded according to the Healthcare Common Procedure Coding System (HCPCS). HCPCS is divided into two (2) principal subsystems, referred to as level I and level II. Level I is comprised of Current Procedural Terminology (CPT-4), and level II is a standardized coding system used to report services not identified by CPT-4 codes;

(G) Public health authority means an agency or authority that is responsible for public health matters as part of its official mandate. Examples of public health authorities include agencies of a state, territory, political subdivision of a state or territory, or an Indian tribe, or persons or entities acting under a grant of authority or contract with a public health authority.

(2) Data which meet the completeness, validity, and consistency criteria in subsections (2)(C) and (D) of this rule shall be submitted to the department or to an association or related organization with which the department has a binding agreement to obtain data on a quarterly basis according to the Data Reporting Schedule in Table 1, included herein. Data shall be considered to be submitted when received by the department or the association or related organization prior to the close of business on the scheduled due date. Requests for extensions shall be submitted to the department at least ten (10) working days prior to the due date as listed in Table 1. Extensions to the submittal schedule may be granted for a maximum of thirty (30) calendar days. The facility shall separately request each additional thirty (30) calendar day extension.

Table 1 – Data Reporting Schedule

Quarter	Period of Patient Encounter (Discharge Date)	Date Due
1 <sup>st</sup>	January 1 – March 31	June 1
2 <sup>nd</sup>	April 1 – June 30	September 1
3 <sup>rd</sup>	July 1 – September 30	December 1
4 <sup>th</sup>	October 1 – December 31	March 1 of the following year

(A) Each facility shall submit to the department, or to an association or related organization with which the department has a binding agreement to obtain data, a single record for each patient discharge, according to the schedule shown in Table 1 – Data Reporting Schedule, included herein. For a patient with multiple discharges, a facility shall submit a separate data record for each individual discharge. For a patient with multiple billing claims, a facility shall consolidate the multiple billings into a single discharge data record for submission after the patient's discharge.

(B) The patient abstract data shall include the data elements and conform to the specifications listed in the document entitled "Patient Abstract System File Specifications" dated October 27, 2014, which is incorporated by reference in this rule and is available at the Missouri Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102-0570 or on the department's website at <http://health.mo.gov/data/pdf/paslayout.pdf>, for all records with a discharge date of October 1, 2015 or later. This rule does not incorporate any subsequent amendments or additions. The patient abstract data shall be submitted electronically through the department's online system or by any other mutually agreed upon method. The Department of Health and Senior Services, Bureau of Health Care Analysis and Data Dissemination may be contacted by mail at PO Box 570, Jefferson City, MO 65102-0570 or by telephone at (573) 751-6272.

(C) Each data element shall have an acceptable code in at least ninety-nine percent (99%) of the records. Each data element shall be missing or unknown in less than one percent (1%) of records.

(D) The following data elements shall be consistent within at least ninety-nine percent (99%) of individual records:

1. Date of birth, sex, diagnoses, External Cause of Morbidity (ECM) code, Present On Admission (POA) ECM code, ECM Place of Occurrence code, ECM Activity code, ECM Status code, procedure(s);

2. State of residence, zip code, county; and

3. Admission date, procedure date(s), discharge date, date of birth.

(3) After the due date listed in Table 1, included herein, providers shall be allowed fifteen (15) working days from the date of notification by the department to correct identified data submission errors. Revisions of data originally filed shall contain the entire quarterly dataset.

(4) Providers may submit the required data to the department through an association or related organization with which the department has a binding agreement to obtain data. The association

or related organization shall provide to the department by January 1 of each year a list of providers for whom it will submit data. Providers selecting this option are responsible for ensuring that the data meet the quality criteria of completeness, validity, and consistency in subsections (2)(C) and (D) of this rule. Data shall be submitted to the association or related organization according to the time schedule in section (2), Table 1, included herein, of this rule. The association or related organization is responsible for ensuring that the data are provided to the department using one (1) of the submission methods specified in subsection (2)(B) of this rule and conform to the specifications listed in the document entitled "Patient Abstract System File Specifications" dated October 27, 2014, which is incorporated by reference in this rule and is available at the Missouri Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102-0570 or on the department's website at <http://health.mo.gov/data/pdf/paslayout.pdf>, for all records with a discharge date of October 1, 2015 or later. This rule does not incorporate any subsequent amendments or additions. The association shall submit provider data to the department within thirty (30) days following the due date listed in section (2), Table 1, included herein, of this rule. The association or related organization may submit a request for extension, as described in section (2) of this rule, on behalf of a facility.

(5) Providers may submit data directly to the department or through a third party acting as their agent, other than one (1) with which the department has a binding agreement. Providers selecting this option shall be responsible for ensuring that all data specifications conform to the requirements listed in section (2) of this rule. The third party agent may submit a request for extension, as described in section (2) of this rule, on behalf of a facility.

(6) The department may develop and publish reports pertaining to individual hospitals and ambulatory surgical centers. The reports may include information on charges and quality of care indicators. The reports and the data they contain shall be public information and may be released on electronic media. The department shall make the reports and data available for a reasonable charge based on incurred costs.

(7) The department shall use statistical rules to minimize random fluctuations and extreme outliers in publishing provider-specific reports on charges. The rules may vary by publication but average charges based on fewer than twenty (20) events shall not be published.

(8) The department may develop summary reports upon request which do not directly or indirectly identify patients, physicians, or providers. The reports shall be public information. The department shall make the reports available for a reasonable charge based upon incurred costs.

(9) The department shall store the patient abstract data in password-protected directories to limit access of the data only to employees of the department who are designated to have access to the files.

(10) The department may release patient abstract data to a public health authority to assist the agency in fulfilling its public health mission. Public health authorities shall follow the same guidelines used by the department when releasing summary reports based on record-level data. Record-level data shall not be rereleased in any form by the public health authority without the prior authorization of the department. Authorization for subsequent release of the data shall be considered only if the proposed release does not identify a patient, physician, or provider. The following data elements permit identification of a patient, physician, or provider, and shall not be rereleased by a public health authority: patient name; patient Social Security number; any datum which applies to fewer than three (3) patients,

physicians, or providers; physician number; provider number; and a quantity figure if one (1) hospital or ambulatory surgical center contributes more than sixty percent (60%) of the amount. However, the department may authorize contact with the patient, physician, or provider based upon the information supplied. The physician and provider that provided care to a patient shall be informed by the public health authority of any proposed contact with a patient.

(11) The public health authority shall agree to the department's requirements regarding the confidentiality, security, and release of data and shall agree to the review and oversight requirements imposed by the department.

(12) Any person may apply to the department to be a coinvestigator of an epidemiological study using patient abstract data. A research protocol shall be submitted which includes all of the following:

- (A) A description of the proposed study;
- (B) The purpose of the study;
- (C) A description of the data elements needed for the study;
- (D) A statement indicating whether the study protocol has been reviewed and approved by an institutional review board;
- (E) A description of data security procedures, including who shall have access to the data; and
- (F) A description of the proposed use and release of the data.

(13) The director of the department shall appoint a data release advisory committee which may be composed of representatives from the department, the Hospital Industry Data Institute (HIDI) of the Missouri Hospital Association (MHA), and other entities. The advisory committee shall review all research protocols of persons applying to be a coinvestigator of an epidemiological study using patient abstract data. The advisory committee shall make a recommendation to the department whether the coinvestigator protocol should be accepted, accepted with conditions, or rejected. The committee shall consider the following factors:

- (A) The review made by the staff of the department;
- (B) Whether the proposed study meets the definition of an epidemiological study;
- (C) The potential for the coinvestigator or any other person to use the data for nonepidemiological purposes;
- (D) The professional expertise of the applicant to conduct the study;
- (E) The appropriateness of the proposed study design;
- (F) The willingness and ability of the applicant to protect the identity of any patient, physician, or provider;
- (G) The data security measures and final disposition of the data proposed; and
- (H) Whether the proposed study is relevant to public health in Missouri.

(14) The coinvestigator shall follow the same guidelines used by the department when releasing summary reports based on record-level data. Record-level data released to the coinvestigator shall not be rereleased in any form by the coinvestigator without the prior authorization of the department. Authorization for subsequent release of record-level data or summary reports shall be considered only if the proposed release does not identify a patient, physician, or provider. The following data elements permit identification of a patient, physician, or provider, and are not to be rereleased by a coinvestigator: patient name; patient Social Security number; any datum which applies to fewer than three (3) patients, physicians, or providers; physician number; provider number; and a quantity figure if one (1) hospital or ambulatory surgical center contributes more than sixty percent (60%) of the amount.

(15) The coinvestigator shall agree to the department's requirements regarding the confidentiality, security, and release of data and shall agree to the review and oversight requirements imposed by the department.

(16) The department shall release only those patient abstract data elements to the coinvestigator which the department determines are essential to the study. The National Provider Identifier (NPI) associated with any patient abstract data shall not be released to any coinvestigator. If the research being conducted by a coinvestigator requires a physician number, the department may create a unique number which is not the NPI. The department shall not provide information which links the unique number to the name of the physician.

(17) No epidemiological study conducted with a coinvestigator shall be approved unless the department determines that—

(A) The epidemiological study has public benefit sufficient to warrant the department to expend resources necessary to oversee the project with the coinvestigator;

(B) The department has sufficient resources available to oversee the project with the coinvestigator; and

(C) The data release advisory committee reviewed the study and the director of the department authorized approval.

(18) Public health authorities and coinvestigators receiving data shall be informed by the department of the penalty for violating section 192.067, RSMo.

(19) Any provider which determines that it will be temporarily unable to comply with any of the provisions of sections (1) through (5) of this rule or with the provisions of a previously-submitted plan of correction shall provide the department with written notification of the expected deficiencies and a written plan of correction. This notification and plan of correction shall include the specific reasons why the provider cannot comply with the rule, an explanation of any extenuating factors which may be relevant, the means the provider will employ for correcting the expected deficiency, and the date by which each corrective measure will be completed.

(20) Any provider which is not in compliance with sections (1) through (5) of this rule shall be notified in writing by the department. The notification shall specify the section number and text of the rule in question, the deficiency, and the action which must be taken to be in compliance. The chief executive officer or designee shall have ten (10) working days following receipt of the written notification of non-compliance to provide the department with a written plan for correcting the deficiency. The plan of correction shall specify the means the provider will employ for correcting the cited deficiency and the date that each corrective measure will be completed.

(21) Upon receipt of a required plan of correction, the department shall review the plan to determine the appropriateness of the corrective action. If the plan is acceptable, the department shall notify the chief executive officer or designee in writing and indicate that implementation of the plan should proceed. If the plan is not acceptable, the department shall notify the chief executive officer or designee in writing and indicate the reasons why the plan was not accepted. A revised, acceptable plan of correction shall be provided to the department within ten (10) working days.

(22) Failure of the provider to submit an acceptable plan of correction within the required time shall be considered continued and substantial noncompliance with this rule unless determined otherwise by the director of the department.

(23) Failure of any provider to follow its accepted plan of correction shall be considered continued and substantial noncompliance with this rule unless determined otherwise by the director of the department.

(24) Any provider in continued and substantial noncompliance with this rule shall be notified in writing and reported by the department to its appropriate licensing program within the Division of

Regulation and Licensure and the Bureau of Special Health Care Needs, the MO HealthNet Division of the Department of Social Services, and other state agencies that administer a program with provider participation. The department shall notify the agencies that the provider is no longer eligible for participation in a state program or to receive any monies from the state.

(25) Any provider that has been declared to be ineligible to participate in a state program or to receive any monies from the state shall be eligible for reinstatement by correcting the deficiencies and making written application for reinstatement to the Department of Health and Senior Services. Any provider meeting the requirements for reinstatement shall be notified in writing. Those agencies that received a notice pursuant to section (24) of this rule shall be notified by the Department of Health and Senior Services when the provider has come into compliance.

Patient Abstract System  
File Specifications

File Specifications for Hospitals and Ambulatory Surgical Centers (ASCs)

Key to Format and Justification Coding:

A= Alphabetic      N= Numeric      R= Right Justified      L= Left Justified

A-Record (Master Record)						
Field Name	Column Position	Field Length	Format	Justify	UB04 /X12	Description/Codes
Record Type	1	1	A	L		Always "A"
Provider Identifier	2-11	10	A/N	I		When reporting directly to the State, enter the State assigned provider number beginning with 26 or 79. If reporting through an association, this field shall contain the National Provider Identifier (NPI)
Unique Encounter Identifier	12-36	25	A/N	L		Unique identifier within facility (hospital or ASC) for each discharge record or patient encounter. (Different at each visit - Cannot be used twice in the same year).
Type of Encounter	37	1	N	L		1 = Inpatient 2 = Outpatient
Place of Service	38	1	N	L		<b>Codes for Hospital Inpatients:</b> 1 = Acute medical/surgical unit (non PPS exempt) 2 = Psychiatric unit or facility 3 = Medical rehabilitation unit or facility 4 = Alternate level of care (SNF/ICF/Other LTC/Hospice/ Sub Acute/Swing bed) 5 = Alcohol rehabilitation unit or facility 6 = Drug rehabilitation unit or facility 7 = Other <b>Codes for Hospital Outpatients:</b> 1 = Emergency room 2 = Outpatient surgery 3 = Observation only 4 = Other <b>Code for Ambulatory Surgery Center Patients:</b> 2 = Outpatient Surgery
Patient Name	39-68	30	A	I	FL08B / 1035-1037	Format: Last name, First name (Example: Doe, John). • Use a comma to separate last and first names. • No space should be left between a prefix and a name, as in MacBeth. • Titles (for example, Sir, Msgr. and Dr.) should not be recorded. • Record hyphenated names with hyphen, as in Smith-Jones, Rebecca. • To record suffix, write the last name, leave a space and write the suffix then write the first name as in Snyder III, Harold, or Addams Jr., Glen. • <b>Not to be reported for patients receiving treatment for alcohol or drug abuse as defined in 42 CFR Part 2. Tobacco cessation is not included in 42 CFR Part 2 therefore Patient Name must be reported.</b>
Patient Social Security Number	69-77	9	A/N	L		SSN • Enter 9-digit SSN without hyphens • If patient prefers to provide only the last four digits of SSN, enter the last four digits, preceded by five 9s (e.g., 999991234). • If patient refuses to provide SSN, code with 99999999 • <b>Not to be reported for patients receiving treatment for alcohol or drug abuse as defined in 42 CFR Part 2. Tobacco cessation is not included in 42 CFR Part 2 therefore Patient SSN must be reported.</b>

Patient Abstract System  
File Specifications

A-Record (Continued) Master Record						
Field Name	Column Position	Field Length	Format	Justify	UB04 /X12	Description/Codes
Patient Birth Date	78-85	8	N	R	FL10/ 1251	MMDDCCYY • Use 8-digit date format (Example: 01022009)
Patient Sex	86	1	A	L	FL11/ 1068	Patient sex at time of admission or start of care M = Male F = Female U = Unknown/Indeterminate.
Patient Ethnicity	87	1	N	L		1 = Hispanic or Latino 2 = Neither Hispanic nor Latino 8 = Patient Refused 9 = Unknown
Patient Race	88	1	N	L		1 = White 2 = Black or African American 3 = American Indian/Alaska Native 4 = Asian 5 = Native Hawaiian/Pacific Islander 6 = Some Other Race 7 = Multi-racial (two or more races) 8 = Patient Refused 9 = Unknown
State of Residence	89-90	2	N	R	FL09c/ 156	State FIPS Code • Use 2 digit numeric format (97 = Homeless 98 = Non U.S. Resident)
Zip Code	91-95	5	N	R	FL09d/ 116	• First 5 digits only (Example: 65101) (99997 = Homeless 99998 = Non-U.S. Resident)
County Code	96-98	3	N	R		• Required for Missouri residents. • Use 3 digit numeric format (Example: 001 = Adair County) (997 = Homeless 998 = Non-U.S. Resident)
Census Tract	99-105	7	A/N	L		• 7 characters formatted as XXXX XX (where "X" is a digit from 0-9) • If census tract is unavailable, leave this field blank and provide patient address information (street, city, zip) on the C-record.
Admission/Start of Care Date	106-113	8	N	R	FL12/ 1251	MMDDCCYY • Use 8-digit date format (Example: 10012013)
Admission Hour	114-115	2	N	R	FL13/ 1251	<ul style="list-style-type: none"> <li>• <b>Required for inpatient records only</b></li> <li>00 = 12:00 - 12:59 Midnight</li> <li>01 = 1:00 - 1:59</li> <li>02 = 2:00 - 2:59</li> <li>03 = 3:00 - 3:59</li> <li>04 = 4:00 - 4:59</li> <li>05 = 5:00 - 5:59</li> <li>06 = 6:00 - 6:59</li> <li>07 = 7:00 - 7:59</li> <li>08 = 8:00 - 8:59</li> <li>09 = 9:00 - 9:59</li> <li>10 = 10:00 - 10:59</li> <li>11 = 11:00 - 11:59</li> <li>12 = 12:00 - 12:59 Noon</li> <li>13 = 1:00 - 1:59</li> <li>14 = 2:00 - 2:59</li> <li>15 = 3:00 - 3:59</li> <li>16 = 4:00 - 4:59</li> <li>17 = 5:00 - 5:59</li> <li>18 = 6:00 - 6:59</li> <li>19 = 7:00 - 7:59</li> <li>20 = 8:00 - 8:59</li> <li>21 = 9:00 - 9:59</li> <li>22 = 10:00 - 10:59</li> <li>23 = 11:00 - 11:59</li> <li>99 = Unknown</li> </ul>

Patient Abstract System  
File Specifications

A-Record (Continued) Master Record						
Field Name	Column Position	Field Length	Format	Justify	UB04 /X12	Description/Codes
Admission Hour	114-115	2	N	R	FL13/ 1251	<p>• <b>Required for inpatient records only</b></p> <p>00 = 12:00 - 12:59 Midnight                      01 = 1:00 - 1:59                      02 = 2:00 - 2:59                      03 = 3:00 - 3:59                      04 = 4:00 - 4:59                      05 = 5:00 - 5:59                      06 = 6:00 - 6:59                      07 = 7:00 - 7:59                      08 = 8:00 - 8:59                      09 = 9:00 - 9:59                      10 = 10:00 - 10:59                      11 = 11:00 - 11:59                      12 = 12:00 - 12:59 Noon                      13 = 1:00 - 1:59                      14 = 2:00 - 2:59                      15 = 3:00 - 3:59                      16 = 4:00 - 4:59                      17 = 5:00 - 5:59                      18 = 6:00 - 6:59                      19 = 7:00 - 7:59                      20 = 8:00 - 8:59                      21 = 9:00 - 9:59                      22 = 10:00 - 10:59                      23 = 11:00 - 11:59                      99 = Unknown</p>
Priority (Type) of Admission/Visit	116	1	N	L	FL14/ 1315	<p>• <b>Required for inpatient records only</b></p> <p>1 = Emergency (The patient requires immediate intervention as a result of severe, life threatening or potentially disabling conditions)</p> <p>2 = Urgent (The patient requires immediate attention for the care and treatment of a physical or mental disorder).</p> <p>3 = Elective (The patient's condition permits adequate time to schedule the services)</p> <p>4 = Newborn (Use of this code requires special Point of Origin Codes for newborns FL 15).</p> <p>5 = Trauma center/hospital as licensed or designated by the state or local govt. authority authorized to do so, per American College of Surgeons and involving a trauma activation</p> <p>6-8 Reserved for Assignment by NUBC</p> <p>9 = Information not available</p>

Patient Abstract System  
File Specifications

A-Record (Continued) Master Record						
Field Name	Column Position	Field Length	Format	Justify	UB04 /X12	Description/Codes
Point of Origin for Admission/Visit	117	1	N	L	FL15/ 1314	<p><b>Code Structure for Adult/Pediatric Patients.</b></p> <p>1 = Non-Health Care Facility Point of Origin The patient was admitted or presented for outpatient services to this facility.</p> <p>2 = Clinic or Physician's Office The patient was admitted or presented to this facility for outpatient services upon the recommendation of a physician, a healthcare clinic or outpatient department.</p> <p>3 = Reserved for assignment by the NUBC</p> <p>4 = Transfer from a hospital. The patient was transferred for services to this facility or referred from a different acute care facility (For transfers from hospital inpatient in the same facility, see code D below).</p> <p>5 = Transfer from a Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF), or Assisted Living Facility (ALF)</p> <p>6 = Transfer from another Health Care Facility The patient was admitted or presented for outpatient services to this facility from another type of health care facility not defined elsewhere in this code list.</p> <p>7 = Reserved for assignment by the NUBC</p> <p>8 = Court/Law Enforcement. The patient was admitted or presented for outpatient services to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative</p> <p>9 = Information not available</p> <p>A = Reserved for assignment by the NUBC D = Transfer from one distinct unit of the hospital to another distinct unit of the same hospital resulting in a separate claim to the payer E = Transfer from Ambulatory Surgery Center (ASC) The patient was admitted or presented for outpatient services or referenced diagnostic services by an ASC. F = Transfer from Hospice Facility The patient was admitted or presented to this facility for outpatient or referenced diagnostic services as a transfer from a hospice facility G / Reserved for assignment by the NUBC</p> <p><b>Code Structure for Newborns:</b></p> <p>1-4 Reserved for assignment by the NUBC (Newborns) 5 = Born inside of this hospital 6 = Born outside of this hospital 7-9 Reserved for assignment by the NUBC (Newborns)</p>
P7 Condition Code	118-119	2	AN	L	FL18 28	<ul style="list-style-type: none"> <li><b>Required for inpatient records only</b></li> <li>Report condition code "P7" to indicate direct inpatient admission from emergency room</li> </ul>
Date of Discharge/Ending Date of Service	120-127	8	N	R		<p>MMDDCCYY</p> <ul style="list-style-type: none"> <li>Use 8-digit date format (Example: 10012013)</li> </ul>

Patient Abstract System  
File Specifications

A-Record (Continued) Master Record						
Field Name	Column Position	Field Length	Format	Justify	UB04 /X12	Description/Codes
Discharge Hour	128-129	2	N	R	FL16/ 1251	<p><b>• Required for inpatient records only</b></p> <p>00 = 12:00 - 12:59 Midnight                      01 = 1:00 - 1:59                      02 = 2:00 - 2:59                      03 = 3:00 - 3:59                      04 = 4:00 - 4:59                      05 = 5:00 - 5:59                      06 = 6:00 - 6:59                      07 = 7:00 - 7:59                      08 = 8:00 - 8:59                      09 = 9:00 - 9:59                      10 = 10:00 - 10:59                      11 = 11:00 - 11:59                      12 = 12:00 - 12:59 Noon                      13 = 1:00 - 1:59                      14 = 2:00 - 2:59                      15 = 3:00 - 3:59                      16 = 4:00 - 4:59                      17 = 5:00 - 5:59                      18 = 6:00 - 6:59                      19 = 7:00 - 7:59                      20 = 8:00 - 8:59                      21 = 9:00 - 9:59                      22 = 10:00 - 10:59                      23 = 11:00 - 11:59                      99 = Unknown</p>
Observation Units	130-132	3	N	R		The number of hours spent by a patient held for observation.
Patient Discharge Status	133-134	2	N	R	FL 17/ 1352	<p><b>The designation of the circumstances associated with the patient's discharge</b></p> <p>01 = Discharged to home or self-care (Routine Discharge)                      02 = Discharged/Transferred to short-term general hospital for inpatient care                      03 = Discharged/Transferred to skilled nursing facility (SNF) with Medicare Certification in Anticipation of Skilled Care                      04 = Discharged/Transferred to a Facility that provides Custodial or Supportive Care                      05 = Discharged/Transferred to a Designated Cancer Center or Children's Hospital                      06 = Discharged/Transferred to home under care of organized home health service organization in anticipation of covered skilled care                      07 = Left against medical advice or discontinued care                      08 = Reserved for National Assignment                      09 = Admitted as an inpatient to this hospital                      10-19 Reserved for National Assignment                      20 = Expired                      21 = Discharged/Transferred to Court/Law Enforcement                      22-29 Reserved for National Assignment                      30 = Still Patient                      31-39 Reserved for National Assignment                      43 = Discharged/Transferred to a Federal Healthcare Facility                      44-49 Reserved for National Assignment                      50 = Discharged/Transferred to Hospice-Home                      51 = Discharged/Transferred to Hospice Medical Facility                      52-60 Reserved for National Assignment                      61 = Discharged/Transferred within this institution to a hospital-based Medicare approved swing bed                      62 = Discharged/Transferred to an Inpatient Rehab Facility or Rehab Unit                      63 = Discharged/Transferred to a Medicare Certified Long Term Care Hospital                      (Patient Discharge Status continued on next page)</p>

Patient Abstract System  
File Specifications

A-Record (Continued) Master Record						
Field Name	Column Position	Field Length	Format	Justify	UB04 /X12	Description/Codes
Patient Discharge Status (codes continued)	133 134	2	N	R	FL17/ 1352	64 = Discharged/Transferred to a Nursing Facility certified under Medicaid but not Medicare 65 = Discharged/Transferred to a Psychiatric Hospital or Psychiatric Unit 66 = Discharged/Transferred to a Critical Access hospital 67 68 Reserved for National Assignment 69 = Discharged/Transferred to a Designated Disaster Alternative Care Site 70 = Discharged/Transferred to another type of Healthcare Institution not defined elsewhere in this list. 81 = Discharged to home or self-care with a planned acute care hospital inpatient readmission 82 = Discharged/Transferred to a short term General Hospital for inpatient care with a planned acute care hospital inpatient readmission 83 = Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare certification with a planned acute care hospital inpatient readmission 84 = Discharged/Transferred to a facility that provides custodial or supportive care with a planned acute care hospital inpatient readmission 85 = Discharged/Transferred to a Designated Cancer Center or Children's Hospital with a planned acute care hospital inpatient readmission 86 = Discharged/Transferred to home under care of Organized Home Health Service Organization with a planned acute care hospital inpatient readmission 87 = Discharged/Transferred to Court/Law Enforcement with a planned acute care hospital inpatient readmission 88 = Discharged/Transferred to a Federal Health Care Facility with a planned acute care hospital inpatient readmission 89 = Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a planned acute care hospital inpatient readmission 90 = Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a hospital with a planned acute care hospital inpatient readmission 91 = Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a planned acute care hospital inpatient readmission 92 = Discharged/Transferred to a nursing facility certified under Medicaid but not certified under Medicare with a planned acute care hospital inpatient readmission 93 = Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a hospital with a planned acute care hospital inpatient readmission 94 = Discharged/Transferred to a Critical Access Hospital (CAH) with a planned acute care hospital inpatient readmission 95 = Discharged/Transferred to another type of health care Institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission 96-99 Reserved for National Assignment
Medical/Health Record Number	135 158	24	A/N	L	FL03b/ 127	A number your facility assigns to each patient's medical/health record.

Patient Abstract System  
File Specifications

A-Record (Continued) Master Record						
Field Name	Column Position	Field Length	Format	Justify	UB04 /X12	Description/Codes
External Cause of Morbidity Code (ECM)	159-165	7	A/N	L	FL 72a/ 1271	<ul style="list-style-type: none"> <li>Should be reported when an injury, poisoning, or adverse effect is the cause for seeking medical treatment or occurs during the medical treatment and Dx code is in range A00.0-T88.9 or Z00-Z99.89.</li> <li>Required when Dx code is in range S00-T88.9.</li> <li>Enter the value using a capital letter and remove the decimal point</li> <li>Report the code for the cause/intent, including medical misadventures most related to the principal diagnosis</li> <li>Use valid codes in ICD-10-CM range V00-Y95 and *U01-U03</li> </ul>
POA_ECM	166	1	A/N	L	FL72a (eighth digit)/ 1073	<p>ECM Present on Admission Indicator</p> <ul style="list-style-type: none"> <li>Required for Acute Care Inpatient records only</li> <li>Y = Yes (POA at the time of inpatient admission)</li> <li>N = No (Not present at the time of inpatient admission)</li> <li>U = Unknown (Documentation is insufficient to make this determination)</li> <li>W = Clinically undetermined (Provider is unable to clinically determine)</li> <li>1 or Blank = Exempt from POA reporting</li> </ul>
ECM Place of Occurrence Code	167-173	7	A/N	L		<p>indicate the place of occurrence for the injury related health condition.</p> <ul style="list-style-type: none"> <li>Required with initial Injury diagnosis</li> <li>Required when ECM code is in range V00-Y84.9</li> <li>Use valid codes in ICD-10-CM range Y92</li> </ul>
ECM Activity Code	174-180	7	A/N	L		<p>Indicate the activity of the person seeking healthcare for an injury related health condition</p> <ul style="list-style-type: none"> <li>Required with initial Injury diagnosis</li> <li>Required when ECM code is in range V00-Y39.9</li> <li>Use valid codes in ICD-10-CM range Y93</li> </ul>
ECM Status Code	181-187	7	A/N	L		<p>Indicate the status of the person seeking healthcare for an injury related health condition</p> <ul style="list-style-type: none"> <li>Required with initial injury diagnosis</li> <li>Required when the injury occurred while patient was working (i.e: Civilian, Military, Volunteer, Other, or Unspecified).</li> <li>Use valid codes in ICD-10-CM range Y99</li> </ul>
Principal or First Listed Diagnosis Code1	188-194	7	A/N	L	FL67/ 1271	<p>An ECM code (ICD 10 CM range V00-Y999) is <b>invalid</b> as a principal diagnosis or first listed diagnosis</p>
POA_DX1	195	1	A/N	L	FL67 (eighth digit)/ 1073	<p>Present on Admission Indicator</p> <ul style="list-style-type: none"> <li>Required for Acute Care Inpatient records only</li> <li>Y = Yes (POA at the time of inpatient admission)</li> <li>N = No (Not present at the time of inpatient admission)</li> <li>U = Unknown (Documentation is insufficient to make this determination)</li> <li>W = Clinically undetermined (Provider is unable to clinically determine)</li> <li>1 or Blank = Exempt from POA reporting</li> </ul>
Other Diagnosis Code2	196-202	7	A/N	L	FL67a/ 1271	<p>ICD-10-CM code</p> <ul style="list-style-type: none"> <li>Include ECM code not yet reported in FCM field</li> </ul>
POA_DX2	203	1	A/N	L	FL67a (eighth digit)/ 1073	<p>Present on Admission Indicator</p> <ul style="list-style-type: none"> <li>Required for Acute Care Inpatient records only</li> <li>Y = Yes (POA at the time of inpatient admission)</li> <li>N = No (Not present at the time of inpatient admission)</li> <li>U = Unknown (Documentation is insufficient to make this determination)</li> <li>W = Clinically undetermined (Provider is unable to clinically determine)</li> <li>1 or Blank = Exempt from POA reporting</li> </ul>

Patient Abstract System  
File Specifications

A-Record (Continued) Master Record						
Field Name	Column Position	Field Length	Format	Justify	UB04 /X12	Description/Codes
Other Diagnosis Code3	204-210	7	A/N	L	FL67b/ 1271	ICD-10-CM code • Include ECM code not yet reported in ECM field
POA_DX3	211	1	A/N	L	FL67b (eighth digit)/ 1073	Present on Admission Indicator • <b>Required for Acute Care Inpatient records only</b> Y = Yes (POA at the time of inpatient admission) N = No (Not present at the time of inpatient admission) U = Unknown (Documentation is insufficient to make this determination) W = Clinically undetermined (Provider is unable to clinically determine) 1 or Blank = Exempt from POA reporting
Other Diagnosis Code4	212-218	7	A/N	L	FL67c/ 1271	ICD-10-CM code • Include ECM code not yet reported in ECM field
POA_DX4	219	1	A/N	L	FL67c (eighth digit)/ 1073	Present on Admission Indicator • <b>Required for Acute Care Inpatient records only</b> Y = Yes (POA at the time of inpatient admission) N = No (Not present at the time of inpatient admission) U = Unknown (Documentation is insufficient to make this determination) W = Clinically undetermined (Provider is unable to clinically determine) 1 or Blank = Exempt from POA reporting
Other Diagnosis Code5	220-226	7	A/N	L	FL67d/ 1271	ICD-10-CM code • Include ECM code not yet reported in ECM field
POA_DX5	227	1	A/N	L	FL67d (eighth digit)/ 1073	Present on Admission Indicator • <b>Required for Acute Care Inpatient records only</b> Y = Yes (POA at the time of inpatient admission) N = No (Not present at the time of inpatient admission) U = Unknown (Documentation is insufficient to make this determination) W = Clinically undetermined (Provider is unable to clinically determine) 1 or Blank = Exempt from POA reporting
Other Diagnosis Code6	228-234	7	A/N	L	FL67e/ 1271	ICD-10-CM code • Include ECM code not yet reported in ECM field
POA_DX6	235	1	A/N	L	FL67e (eighth digit)/ 1073	Present on Admission Indicator • <b>Required for Acute Care Inpatient records only</b> Y = Yes (POA at the time of inpatient admission) N = No (Not present at the time of inpatient admission) U = Unknown (Documentation is insufficient to make this determination) W = Clinically undetermined (Provider is unable to clinically determine) 1 or Blank = Exempt from POA reporting
Other Diagnosis Code7	236-242	7	A/N	L	FL67f/ 1271	ICD-10-CM code • Include ECM code not yet reported in ECM field
POA_DX7	243	1	A/N	L	FL67f (eighth digit)/ 1073	Present on Admission Indicator • <b>Required for Acute Care Inpatient records only</b> Y = Yes (POA at the time of inpatient admission) N = No (Not present at the time of inpatient admission) U = Unknown (Documentation is insufficient to make this determination) W = Clinically undetermined (Provider is unable to clinically determine) 1 or Blank = Exempt from POA reporting

Patient Abstract System  
File Specifications

A-Record (Continued) Master Record						
Field Name	Column Position	Field Length	Format	Justify	UB04 /X12	Description/Codes
Other Diagnosis Code8	244-250	7	A/N	L	FL67g/ 1271	ICD-10-CM code • Include FCM code not yet reported in ECM field
POA_DX8	251	1	A/N	L	FL67g (eighth digit)/ 1073	Present on Admission Indicator • <b>Required for Acute Care Inpatient records only</b> Y = Yes (POA at the time of inpatient admission) N = No (Not present at the time of inpatient admission) U = Unknown (Documentation is insufficient to make this determination) W = Clinically undetermined (Provider is unable to clinically determine) 1 or Blank = Exempt from POA reporting
Other Diagnosis Code9	252-258	7	A/N	L	FL67h/ 1271	ICD-10-CM code • Include FCM code not yet reported in ECM field
POA_DX9	259	1	A/N	L	FL67h (eighth digit)/ 1073	Present on Admission Indicator • <b>Required for Acute Care Inpatient records only</b> Y = Yes (POA at the time of inpatient admission) N = No (Not present at the time of inpatient admission) U = Unknown (Documentation is insufficient to make this determination) W = Clinically undetermined (Provider is unable to clinically determine) 1 or Blank = Exempt from POA reporting
Principal Procedure Code1	260-269	10	A/N	L	FL74/ 1271 or FL44a	• Enter the principal procedure code (Use ICD 10 PCS codes for inpatients and use CPT or HCPCS Level II codes for outpatients. Separate modifiers from procedure code using a hyphen. Two modifier limit)
Principal Procedure Date1	270-277	8	N	L	FL74/ 1251 or FL45a	MMDDCCYY • Use 8-digit date format (Example. 10012013)
Other Procedure Code2	278-287	10	A/N	L	FL74a/ 1271 or FL44b	• Enter any additional procedure code not yet reported for this patient visit. (Use ICD 10 PCS codes for inpatients and Use CPT or HCPCS Level II codes for outpatients. Separate modifiers from procedure code using a hyphen. Two modifier limit)
Other Procedure Date2	288-295	8	N	L	FL74a/ 1251 or FL45b	MMDDCCYY • Use 8 digit date format (Example. 10012013)
Other Procedure Code3	296-305	10	A/N	L	FL74b/ 1271 or FL44c	• Enter any additional procedure code not yet reported for this patient visit. (Use ICD 10 PCS codes for inpatients and Use CPT or HCPCS Level II codes for outpatients. Separate modifiers from procedure code using a hyphen. Two modifier limit)
Other Procedure Date3	306-313	8	N	L	FL74b/ 1251 or FL45c	MMDDCCYY • Use 8 digit date format (Example. 10012013)
Other Procedure Code4	314-323	10	A/N	L	FL74c/ 1271 or FL44d	• Enter any additional procedure code not yet reported for this patient visit. (Use ICD-10-PCS codes for inpatients and Use CPT or HCPCS Level II codes for outpatients. Separate modifiers from procedure code using a hyphen. Two modifier limit)
Other Procedure Date4	324-331	8	N	L	FL74c/ 1251 or FL45d	MMDDCCYY • Use 8 digit date format (Example. 10012013)

Patient Abstract System  
File Specifications

A-Record (Continued) Master Record						
Field Name	Column Position	Field Length	Format	Justify	UB04 /X12	Description/Codes
Other Procedure Code5	332-341	10	A/N	L	FL74d/ 1271 or FL44e	<ul style="list-style-type: none"> <li>Enter any additional procedure code not yet reported for this patient visit. (Use ICD-10-PCS codes for inpatients and Use CPT or HCPCS Level II codes for outpatients. Separate modifiers from procedure code using a hyphen. Two modifier limit)</li> </ul>
Other Procedure Date5	342-349	8	N	L	FL74c/ 1251 or FL45e	MMDDCCYY <ul style="list-style-type: none"> <li>Use 8-digit date format (Example: 10012013)</li> </ul>
Other Procedure Code6	350-359	10	A/N	L	FL74e/ 1271 or FL44f	<ul style="list-style-type: none"> <li>Enter any additional procedure code not yet reported for this patient visit. (Use ICD-10-PCS codes for inpatients and Use CPT or HCPCS Level II codes for outpatients. Separate modifiers from procedure code using a hyphen. Two modifier limit).</li> </ul>
Other Procedure Date6	360-367	8	N	L	FL74e/ 1251 or FL45f	MMDDCCYY <ul style="list-style-type: none"> <li>Use 8-digit date format (Example: 10012013)</li> </ul>
Total Charges	368-374	7	N	R	FL47/ 782	Total charges <ul style="list-style-type: none"> <li>Include both covered and non-covered charges (those associated with revenue code 0001, self-pay, etc).</li> <li>Round to nearest dollar (Examples: \$700.00 = 700 or \$12,000 = 12000)</li> </ul>
Expected Source of Payment1	375-377	3	N	L		<b>Primary Payer Type</b> 001 = Medicare, <u>not</u> managed care (FFS, MSA) 002 = Medicaid, <u>not</u> managed care 003 = Other Government, <u>not</u> managed care 005 = Workers' Compensation, <u>not</u> managed care 006 = Self Pay 007 = All Commercial Payer, <u>not</u> managed care 008 = No Charge (Charity, Prof Courtesy, Research/Trial) 010 = Other, <u>not</u> managed care 101 = Medicare, managed care (HMO, PPO, POS) 102 = Medicaid, managed care (HMO, PPO, PCCM) 103 = Other Government, managed care 105 = Workers' Compensation, managed care 107 = All Commercial Payers, managed care 110 = Other, managed care 999 = Unknown
Expected Source of Payment2	378-380	3	N	L		<b>Secondary Payer Type</b> 001 = Medicare, <u>not</u> managed care (FFS, MSA) 002 = Medicaid, <u>not</u> managed care 003 = Other Government, <u>not</u> managed care 005 = Workers' Compensation, <u>not</u> managed care 006 = Self Pay 007 = All Commercial Payer, <u>not</u> managed care 008 = No Charge (Charity, Prof Courtesy, Research/Trial) 010 = Other, <u>not</u> managed care 101 = Medicare, managed care (HMO, PPO, POS) 102 = Medicaid, managed care (HMO, PPO, PCCM) 103 = Other Government, managed care 105 = Workers' Compensation, managed care 107 = All Commercial Payers, managed care 110 = Other, managed care 999 = Unknown

Patient Abstract System  
File Specifications

A-Record (Continued) Master Record						
Field Name	Column Position	Field Length	Format	Justify	UB04 /X12	Description/Codes
Expected Source of Payment3	381-383	3	N	L		<b>Tertiary Payer Type</b> 001 = Medicare, <u>not</u> managed care (FFS, MSA) 002 = Medicaid, <u>not</u> managed care 003 = Other Government, <u>not</u> managed care 005 = Workers' Compensation, <u>not</u> managed care 006 = Self Pay 007 = All Commercial Payer, <u>not</u> managed care 008 = No Charge (Charity, Prof Courtesy, Research/Trial) 010 = Other, <u>not</u> managed care 101 = Medicare, managed care (HMO PPO, POS) 102 = Medicaid, managed care (HMO, PPO, PCCM) 103 = Other Government, managed care 105 = Workers' Compensation, managed care 107 = All Commercial Payers, managed care 110 = Other, managed care 999 = Unknown
Attending Physician ID	384-394	11	A/N	L	FL 76/ 67	National Provider Identifier (NPI) of the physician <b>who has primary responsibility for the patient's medical care and treatment</b>
Principal Procedure Physician ID	395-405	11	A/N	L	FL 77/ 67	National Provider Identifier (NPI) of the physician <b>who performed the principal procedure</b>

B-Record To be used when there are more diagnoses and/or procedures than will fit on the A-Record (Only report one B-record per A-record)						
Field Name	Column Position	Field Length	Format	Justify	UB04 /X12	Description/Codes
Record Type	1	1	A	L		Always "B"
Provider identifier	2-11	10	A/N	L		When reporting directly to the State, enter the State assigned provider number beginning with 26 or 79. If reporting through an association, this field shall contain the National Provider Identifier (NPI)
Unique encounter identifier	12-36	25	A/N	L		Unique identifier within facility (hospital or ASC) for each discharge record or patient encounter. A unique number that represents each patient's visit (Different at each visit - Cannot be used twice in the same year) <ul style="list-style-type: none"> <li>Must match corresponding A-Record's Unique Encounter Identifier</li> </ul>
Other Diagnosis Code10	37-43	7	A/N	L	FL 67/ 12/71	ICD-10-CM code <ul style="list-style-type: none"> <li>Include ECM code not yet reported in ECM field</li> </ul>
POA_DX10	44	1	A/N	L	FL 67i (eighth digit)/ 1073	Present on Admission Indicator <ul style="list-style-type: none"> <li><b>Required for Acute Care inpatient records only</b></li> <li>Y = Yes (POA at the time of inpatient admission)</li> <li>N = No (Not present at the time of inpatient admission)</li> <li>U = Unknown (Documentation is insufficient to make this determination)</li> <li>W = Clinically undetermined (Provider is unable to clinically determine)</li> <li>† or Blank = Exempt from POA reporting</li> </ul>
Other Diagnosis Code11	45-51	7	A/N	L	FL 67j/ 1271	ICD-10-CM code <ul style="list-style-type: none"> <li>Include ECM code not yet reported in ECM field</li> </ul>

**Patient Abstract System  
File Specifications**

B-Record (Continued)						
To be used when there are more diagnoses and/or procedures than will fit on the A-Record						
Field Name	Column Position	Field Length	Format	Justify	UB04/ X12	Description/Codes
POA_DX11	52	1	A/N	L	FL67j (eighth digit)/ 1073	Present on Admission Indicator <ul style="list-style-type: none"> <li><b>Required for Acute Care Inpatient records only</b></li> </ul> Y = Yes (POA at the time of inpatient admission) N = No (Not present at the time of inpatient admission) U = Unknown (Documentation is insufficient to make this determination) W = Clinically undetermined (Provider is unable to clinically determine) 1 or Blank = Exempt from POA reporting
Other Diagnosis Code12	53-59	7	A/N	L	FL67k/ 1271	ICD-10-CM code <ul style="list-style-type: none"> <li>Include ECM code not yet reported in ECM field</li> </ul>
POA_DX12	60	1	A/N	L	FL67k (eighth digit)/ 1073	Present on Admission Indicator <ul style="list-style-type: none"> <li><b>Required for Acute Care Inpatient records only</b></li> </ul> Y = Yes (POA at the time of inpatient admission) N = No (Not present at the time of inpatient admission) U = Unknown (Documentation is insufficient to make this determination) W = Clinically undetermined (Provider is unable to clinically determine) 1 or Blank = Exempt from POA reporting
Other Diagnosis Code13	61-67	7	A/N	L	FL67l/ 1271	ICD-10-CM code <ul style="list-style-type: none"> <li>Include ECM code not yet reported in ECM field</li> </ul>
POA_DX13	68	1	A/N	L	FL67l (eighth digit)/ 1073	Present on Admission Indicator <ul style="list-style-type: none"> <li><b>Required for Acute Care Inpatient records only</b></li> </ul> Y = Yes (POA at the time of inpatient admission) N = No (Not present at the time of inpatient admission) U = Unknown (Documentation is insufficient to make this determination) W = Clinically undetermined (Provider is unable to clinically determine) 1 or Blank = Exempt from POA reporting
Other Diagnosis Code14	69-75	7	A/N	L	FL67m/ 1271	ICD-10-CM code <ul style="list-style-type: none"> <li>Include ECM code not yet reported in ECM field</li> </ul>
POA_DX14	76	1	A/N	L	FL67m (eighth digit)/ 1073	Present on Admission Indicator <ul style="list-style-type: none"> <li><b>Required for Acute Care Inpatient records only</b></li> </ul> Y = Yes (POA at the time of inpatient admission) N = No (Not present at the time of inpatient admission) U = Unknown (Documentation is insufficient to make this determination) W = Clinically undetermined (Provider is unable to clinically determine) 1 or Blank = Exempt from POA reporting
Other Diagnosis Code15	77-83	7	A/N	L	FL67n/ 1271	ICD-10-CM code <ul style="list-style-type: none"> <li>Include ECM code not yet reported in ECM field</li> </ul>
POA_DX15	84	1	A/N	L	FL67n (eighth digit)/ 1073	Present on Admission Indicator <ul style="list-style-type: none"> <li><b>Required for Acute Care Inpatient records only</b></li> </ul> Y = Yes (POA at the time of inpatient admission) N = No (Not present at the time of inpatient admission) U = Unknown (Documentation is insufficient to make this determination) W = Clinically undetermined (Provider is unable to clinically determine) 1 or Blank = Exempt from POA reporting
Other Diagnosis Code16	85-91	7	A/N	L	FL67o/ 1271	ICD-10-CM code <ul style="list-style-type: none"> <li>Include ECM code not yet reported in ECM field</li> </ul>

Patient Abstract System  
File Specifications

B-Record (Continued)						
To be used when there are more diagnoses and/or procedures than will fit on the A-Record						
Field Name	Column Position	Field Length	Format	Justify	UB04 /X12	Description/Codes
POA DX16	92	1	A/N	L	FL67o (eighth digit)/ 1073	Present on Admission Indicator <ul style="list-style-type: none"> <li><b>Required for Acute Care Inpatient records only</b></li> </ul> Y = Yes (POA at the time of inpatient admission) N = No (Not present at the time of inpatient admission) U = Unknown (Documentation is insufficient to make this determination) W = Clinically undetermined (Provider is unable to clinically determine) 1 or Blank = Exempt from POA reporting
Other Diagnosis Code17	93-99	7	A/N	L	FL67p/ 1271	ICD-10-CM code <ul style="list-style-type: none"> <li>Include ECM code not yet reported in ECM field</li> </ul>
POA DX17	100	1	A/N	I	FL67p (eighth digit)/ 1073	Present on Admission Indicator <ul style="list-style-type: none"> <li><b>Required for Acute Care Inpatient records only</b></li> </ul> Y = Yes (POA at the time of inpatient admission) N = No (Not present at the time of inpatient admission) U = Unknown (Documentation is insufficient to make this determination) W = Clinically undetermined (Provider is unable to clinically determine) 1 or Blank = Exempt from POA reporting
Other Diagnosis Code18	101-107	7	A/N	L	FL67q/ 1271	ICD-10-CM code <ul style="list-style-type: none"> <li>Include ECM code not yet reported in ECM field</li> </ul>
POA DX18	108	1	A/N	L	FL67q (eighth digit)/ 1073	Present on Admission Indicator <ul style="list-style-type: none"> <li><b>Required for Acute Care Inpatient records only</b></li> </ul> Y = Yes (POA at the time of inpatient admission) N = No (Not present at the time of inpatient admission) U = Unknown (Documentation is insufficient to make this determination) W = Clinically undetermined (Provider is unable to clinically determine) 1 or Blank = Exempt from POA reporting
Other Diagnosis Code19	109-115	7	A/N	L	1271	ICD-10-CM code <ul style="list-style-type: none"> <li>Include ECM code not yet reported in ECM field</li> </ul>
POA_DX19	116	1	A/N	I	1073	Present on Admission Indicator <ul style="list-style-type: none"> <li><b>Required for Acute Care Inpatient records only</b></li> </ul> Y = Yes (POA at the time of inpatient admission) N = No (Not present at the time of inpatient admission) U = Unknown (Documentation is insufficient to make this determination) W = Clinically undetermined (Provider is unable to clinically determine) 1 or Blank = Exempt from POA reporting
Other Diagnosis Code20	117-123	7	A/N	L	1271	ICD-10-CM code <ul style="list-style-type: none"> <li>Include ECM code not yet reported in ECM field</li> </ul>
POA_DX20	124	1	A/N	L	1073	Present on Admission Indicator <ul style="list-style-type: none"> <li><b>Required for Acute Care Inpatient records only</b></li> </ul> Y = Yes (POA at the time of inpatient admission) N = No (Not present at the time of inpatient admission) U = Unknown (Documentation is insufficient to make this determination) W = Clinically undetermined (Provider is unable to clinically determine) 1 or Blank = Exempt from POA reporting
Other Diagnosis Code21	125-131	7	A/N	L	1271	ICD-10-CM code <ul style="list-style-type: none"> <li>Include ECM code not yet reported in ECM field</li> </ul>

Patient Abstract System  
File Specifications

B-Record (Continued)						
To be used when there are more diagnoses and/or procedures than will fit on the A-Record						
Field Name	Column Position	Field Length	Format	Justify	UB04 /X12	Description/Codes
POA_DX21	132	1	A/N	L	1073	Present on Admission Indicator <ul style="list-style-type: none"> <li><b>Required for Acute Care Inpatient records only</b></li> </ul> Y = Yes (POA at the time of inpatient admission) N = No (Not present at the time of inpatient admission) U = Unknown (Documentation is insufficient to make this determination) W = Clinically undetermined (Provider is unable to clinically determine) 1 or Blank = Exempt from POA reporting
Other Diagnosis Code22	133-139	7	A/N	L	1271	ICD-10-CM code <ul style="list-style-type: none"> <li>Include ECM code not yet reported in FCM field</li> </ul>
POA_DX22	140	1	A/N	L	1073	Present on Admission Indicator <ul style="list-style-type: none"> <li><b>Required for Acute Care Inpatient records only</b></li> </ul> Y = Yes (POA at the time of inpatient admission) N = No (Not present at the time of inpatient admission) U = Unknown (Documentation is insufficient to make this determination) W = Clinically undetermined (Provider is unable to clinically determine) 1 or Blank = Exempt from POA reporting
Other Diagnosis Code23	141-147	7	A/N	L	1271	ICD-10-CM code <ul style="list-style-type: none"> <li>Include ECM codes not yet reported in ECM field</li> </ul>
POA_DX23	148	1	A/N	L	1073	Present on Admission Indicator <ul style="list-style-type: none"> <li><b>Required for Acute Care Inpatient records only</b></li> </ul> Y = Yes (POA at the time of inpatient admission) N = No (Not present at the time of inpatient admission) U = Unknown (Documentation is insufficient to make this determination) W = Clinically undetermined (Provider is unable to clinically determine) 1 or Blank = Exempt from POA reporting
Other Procedure Code7	149-158	10	A/N	L	FL44g	<ul style="list-style-type: none"> <li>Enter any additional procedure code not yet reported for this patient visit (Use ICD-10-PCS codes for inpatients and Use CPT or HCPCS Level II codes for outpatients. Separate modifiers from procedure code using a hyphen. Two modifier limit)</li> </ul>
Other Procedure Date7	159-166	8	N	R	FL45g	MMDDCCYY <ul style="list-style-type: none"> <li>Use 8-digit date format (Example: 10012013)</li> </ul>
Other Procedure Code8	167-176	10	A/N	L	FL44h	<ul style="list-style-type: none"> <li>Enter any additional procedure code not yet reported for this patient visit. (Use ICD-10-PCS codes for inpatients and Use CPT or HCPCS Level II codes for outpatients. Separate modifiers from procedure code using a hyphen. Two modifier limit).</li> </ul>
Other Procedure Date8	177-184	8	N	R	FL45h	MMDDCCYY <ul style="list-style-type: none"> <li>Use 8-digit date format (Example: 10012013)</li> </ul>
Other Procedure Code9	185-194	10	A/N	L	FL44i	<ul style="list-style-type: none"> <li>Enter any additional procedure code not yet reported for this patient visit. (Use ICD-10-PCS codes for inpatients and Use CPT or HCPCS Level II codes for outpatients. Separate modifiers from procedure code using a hyphen. Two modifier limit).</li> </ul>
Other Procedure Date9	195-202	8	N	R	FL45i	MMDDCCYY <ul style="list-style-type: none"> <li>Use 8 digit date format (Example: 10012013)</li> </ul>
Other Procedure Code10	203-212	10	A/N	L	FL44j	<ul style="list-style-type: none"> <li>Enter any additional procedure code not yet reported for this patient visit (Use ICD-10-PCS codes for inpatients and Use CPT or HCPCS Level II codes for outpatients. Separate modifiers from procedure code using a hyphen. Two modifier limit).</li> </ul>
Other Procedure Date10	213-220	8	N	R	FL45j	MMDDCCYY <ul style="list-style-type: none"> <li>Use 8-digit date format (Example: 10012013)</li> </ul>

Patient Abstract System  
File Specifications

B-Record (Continued)						
To be used when there are more diagnoses and/or procedures than will fit on the A-Record						
Field Name	Column Position	Field Length	Format	Justify	UB04 /X12	Description/Codes
Other Procedure Code11	221-230	10	A/N	L	FL44k	<ul style="list-style-type: none"> <li>Enter any additional procedure code not yet reported for this patient visit. (Use ICD-10-PCS codes for inpatients and Use CPT or HCPCS Level II codes for outpatients. Separate modifiers from procedure code using a hyphen. Two modifier limit)</li> </ul>
Other Procedure Date11	231-238	8	N	R	FL45k	MMDDCCYY <ul style="list-style-type: none"> <li>Use 8-digit date format (Example: 10012013)</li> </ul>
Other Procedure Code12	239-248	10	A/N	L	FL44l	<ul style="list-style-type: none"> <li>Enter any additional procedure code not yet reported for this patient visit. (Use ICD-10-PCS codes for inpatients and Use CPT or HCPCS Level II codes for outpatients. Separate modifiers from procedure code using a hyphen. Two modifier limit)</li> </ul>
Other Procedure Date12	249-256	8	N	R	FL45l	MMDDCCYY <ul style="list-style-type: none"> <li>Use 8 digit date format (Example: 10012013)</li> </ul>
Other Procedure Code13	257-266	10	A/N	L	FL44m	<ul style="list-style-type: none"> <li>Enter any additional procedure code not yet reported for this patient visit. (Use ICD-10-PCS codes for inpatients and Use CPT or HCPCS Level II codes for outpatients. Separate modifiers from procedure code using a hyphen. Two modifier limit)</li> </ul>
Other Procedure Date13	267-274	8	N	R	F45m	MMDDCCYY <ul style="list-style-type: none"> <li>Use 8-digit date format (Example: 10012013)</li> </ul>
Other Procedure Code14	275-284	10	A/N	L	FL44n	<ul style="list-style-type: none"> <li>Enter any additional procedure code not yet reported for this patient visit. (Use ICD-10-PCS codes for inpatients and Use CPT or HCPCS Level II codes for outpatients. Separate modifiers from procedure code using a hyphen. Two modifier limit)</li> </ul>
Other Procedure Date14	285-292	8	N	R	FL45n	MMDDCCYY <ul style="list-style-type: none"> <li>Use 8-digit date format (Example: 10012013)</li> </ul>
Other Procedure Code15	293-302	10	A/N	L	FL44o	<ul style="list-style-type: none"> <li>Enter any additional procedure code not yet reported for this patient visit. (Use ICD-10-PCS codes for inpatients and Use CPT or HCPCS Level II codes for outpatients. Separate modifiers from procedure code using a hyphen. Two modifier limit)</li> </ul>
Other Procedure Date15	303-310	8	N	R	FL45o	MMDDCCYY <ul style="list-style-type: none"> <li>Use 8-digit date format (Example: 10012013)</li> </ul>
Other Procedure Code16	311-320	10	A/N	L	FL44p	<ul style="list-style-type: none"> <li>Enter any additional procedure code not yet reported for this patient visit (Use ICD-10-PCS codes for inpatients and Use CPT or HCPCS Level II codes for outpatients. Separate modifiers from procedure code using a hyphen. Two modifier limit)</li> </ul>
Other Procedure Date16	321-328	8	N	R	FL45p	MMDDCCYY <ul style="list-style-type: none"> <li>Use 8 digit date format (Example: 10012013)</li> </ul>
Other Procedure Code17	329-338	10	A/N	L	Fl 44q	<ul style="list-style-type: none"> <li>Enter any additional procedure code not yet reported for this patient visit (Use ICD-10-PCS codes for inpatients and Use CPT or HCPCS Level II codes for outpatients. Separate modifiers from procedure code using a hyphen. Two modifier limit)</li> </ul>
Other Procedure Date17	339-346	8	N	R	Fl 45q	MMDDCCYY <ul style="list-style-type: none"> <li>Use 8-digit date format (Example: 10012013)</li> </ul>
Other Procedure Code18	347-356	10	A/N	L	FL44r	<ul style="list-style-type: none"> <li>Enter any additional procedure code not yet reported for this patient visit. (Use ICD-10-PCS codes for inpatients and Use CPT or HCPCS Level II codes for outpatients. Separate modifiers from procedure code using a hyphen. Two modifier limit)</li> </ul>
Other Procedure Date18	357-364	8	N	R	FL45r	MMDDCCYY <ul style="list-style-type: none"> <li>Use 8-digit date format (Example: 10012013)</li> </ul>

Patient Abstract System  
File Specifications

B-Record (Continued)						
To be used when there are more diagnoses and/or procedures than will fit on the A-Record						
Field Name	Column Position	Field Length	Format	Justify	UB04 /X12	Description/Codes
Other Procedure Code19	365-374	10	A/N	L	FL44s	<ul style="list-style-type: none"> <li>Enter any additional procedure code not yet reported for this patient visit. (Use ICD-10-PCS codes for inpatients and Use CPT or HCPCS Level II codes for outpatients. Separate modifiers from procedure code using a hyphen. Two modifier limit).</li> </ul>
Other Procedure Date19	375-382	8	N	R	FL45s	MMDDCCYY <ul style="list-style-type: none"> <li>Use 8 digit date format (Example: 10012013)</li> </ul>
Other Procedure Code20	383-392	10	A/N	L	FL44t	<ul style="list-style-type: none"> <li>Enter any additional procedure code not yet reported for this patient visit (Use ICD-10-PCS codes for inpatients and Use CPT or HCPCS Level II codes for outpatients. Separate modifiers from procedure code using a hyphen. Two modifier limit).</li> </ul>
Other Procedure Date20	393-400	8	N	R	FL45t	MMDDCCYY <ul style="list-style-type: none"> <li>Use 8-digit date format (Example: 10012013)</li> </ul>
Filler	401-405	5				Spaces

C-Record						
To be used when census tract information is not available						
Field Name	Column Position	Field Length	Format	Justify	UB04 /X12	Description/Codes
Record Type	1	1	A	L		Always 'C'
Provider Identifier	2-11	10	A/N	L		When reporting directly to the State, enter the State assigned provider number beginning with 26 or 79. If reporting through an association, this field shall contain the National Provider Identifier (NPI)
Unique encounter identifier	12-36	25	A/N	L		Unique identifier within facility (hospital or ASC) for each discharge record or patient encounter A unique number that represents each patient's visit (Different at each visit - Cannot be used twice in the same year). <ul style="list-style-type: none"> <li>Must match corresponding A-Record's Unique Encounter Identifier</li> </ul>
Residence Address Line 1	37-76	40	A/N	L	FL09a/166	Free form address line
Residence Address Line 2	77-116	40	A/N	L		Free form address line
City	117-146	30	A/N	L	FL09b/19	Name of city or town of residence for patient
Zip Code	147-151	5	N	R	FL09d/116	Zip Code <ul style="list-style-type: none"> <li>First 5 digits only (Example: 65101)</li> <li>99997 = Homeless</li> <li>99998 = Non U.S. Resident (must match "A" record)</li> </ul>
Filler	152-405	254				Spaces

## FOOTNOTES:

- File must be ASCII text, containing fixed-length records of 405 characters
- Do Not zero fill; "leading" zeros are acceptable only as part of a valid code-All data elements with no reportable value must be left blank
- Do Not include any punctuation (except when related to a patient name, or when using hyphens to separate procedure code modifiers)
- Do Not include any special characters

*AUTHORITY: section 192.667, RSMo Supp. 2014. Emergency rule filed Nov. 4, 1992, effective Nov. 14, 1992, expired March 13, 1993. Emergency rule filed March 4, 1993, effective March 14, 1993, expired July 11, 1993. Original rule filed Nov. 4, 1992, effective June 7, 1993. For intervening history, please consult the **Code of State Regulations**. Rescinded and readopted: Filed Jan. 29, 2015.*

*PUBLIC COST: This proposed rule will cost state agencies or political subdivisions thirty-six thousand dollars (\$36,000) in the aggregate.*

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Department of Health and Senior Services, Division of Community and Public Health, Harold Kirbey, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

**FISCAL NOTE  
PUBLIC COST**

- I. Department Title: Department of Health & Senior Services  
Division Title: Community and Public Health  
Chapter Title: 33-Hospital and Ambulatory Surgical Center Data Disclosure**

<b>Rule Number and Title:</b>	19 CSR 10-33.010 Reporting Patient Abstract Data by Hospitals and Ambulatory Surgical Centers
<b>Type of Rulemaking:</b>	Proposed Rule

**II. SUMMARY OF FISCAL IMPACT**

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
DHSS	\$36,000

**III. WORKSHEET**

Labor cost (Research Analyst time): 200 hours x \$50/hour = \$10,000

Labor cost (ITSD work on modifications to PASRA): 1,040 hours x \$25/hour = \$26,000

**IV. ASSUMPTIONS**

DHSS costs include research analyst time to modify programs and perform testing, as well as ITSD work to modify the online reporting application (PASRA).

The modifications will be on existing information systems in order to be able to collect ICD-10 codes instead of ICD-9 codes from hospitals and ambulatory surgery centers.

**Title 19—DEPARTMENT OF HEALTH  
AND SENIOR SERVICES  
Division 25—Missouri State Public Health Laboratory  
Chapter 36—Testing for Metabolic Diseases**

**PROPOSED AMENDMENT**

**19 CSR 25-36.010 Testing for Metabolic and Genetic Disorders.** The department is amending the purpose statement, amending sections (1), (3), (6), adding new sections (5) and (7), renumbering thereafter, and amending the division title.

*PURPOSE: This amendment provides further clarification regarding the appropriate collection of specimen for newborn screening, the process for rejecting a screening, the process for objecting to the storage or release of leftover specimen, the responsibility of providers to educate parents about the newborn screening, and establishes a new fee ceiling for the specimen collection.*

*PURPOSE: State law requires that all infants be tested for metabolic and genetic disorders as prescribed by the Department of Health and Senior Services. This rule establishes [the metabolic and genetic disorders that each infant shall be tested for and] the collection and submission procedures to be used by health care providers in sending newborn screening specimens to the Missouri State Public Health Laboratory. This rule also and establishes the fee for newborn screening.*

(1) As used in this rule—

(A) Newborn screening means the testing of infants for metabolic and genetic disorders pursuant to sections 191.331, [and] 191.332, and 191.333, RSMo; [and]

(B) Parent information sheet means the top sheet of the newborn screening specimen form that is to be detached and handed to the infant's parent or guardian at the time of specimen collection which explains the parent's or guardian's options and process for opting out of the specimen storage and/or release for anonymous research pursuant to section 191.317, RSMo;

(C) Specimen storage means the five (5) year storage of the leftover newborn screening specimens at the Missouri State Public Health Laboratory after testing has been conducted pursuant to section 191.317, RSMo; and

[(B)](D) Submitter(s) means a person or persons responsible for collecting specimens under section 191.331, RSMo, for newborn screening tests.

(3) Specimens shall be collected in accordance with instructions on the specimen collection form. **At the time of specimen collection, the submitter shall detach the parent information sheet from the newborn screening collection form and give it to the infant's parent or guardian.** The timing of specimen collection shall be determined by the conditions specified in subsections (3)(A) through (C) below. All specimens shall be sent within twenty-four (24) hours of collection to the Missouri State Public Health Laboratory in Jefferson City.

(A) A specimen shall be taken from all infants before being discharged from the hospital or birthing facility regardless of age. A specimen collected between twenty-four (24) and forty-eight (48) hours of [life] age is considered optimum for newborn screening. A second, or repeat, specimen shall be required within fourteen (14) days of [life] age if the initial specimen was collected before twenty-four (24) hours of [life] age.

(B) Initial specimens from ill or premature infants shall be collected before a blood transfusion or between twenty-four (24) to forty-eight (48) hours of [life] age. All ill or premature infants shall have a repeat screen collected between seven (7) to fourteen (14) days of [life] age. **All infants who are less than thirty-four (34) weeks gestational age or are less than two thousand (2000) grams at birth**

are recommended to have a third screen collected at twenty-eight (28) days of age.

(D) If it is discovered or highly suspected that a child has never received a newborn screen, a newborn screening should be conducted at that time regardless of the child's age.

(5) Parents or guardians who object to the storage or release of their child's leftover newborn screening specimen for anonymous research shall state those objections in writing by submitting a letter to the Missouri State Public Health Laboratory Director requesting the remaining specimen to be destroyed, returned to the parents or guardians, or stored for five (5) years but not released for anonymous research. This letter shall be sent to the Missouri State Public Health Laboratory, Newborn Screening Laboratory, PO Box 570, Jefferson City, MO 65102-0570. The parents or guardians may submit this request at any point during the five (5) year storage process.

[(5)](6) The health care provider caring for an infant with an abnormal high-risk test report from newborn screening shall report a definitive diagnosis within thirty (30) days of the date of the diagnosis for that infant to the appropriate newborn screening contracted follow-up center as contracted by the Department of Health and Senior Services. The department shall prescribe and furnish all necessary reporting forms for this purpose.

(7) The medical professional responsible for the medical care of the infant shall provide newborn screening education to the parents or guardians. Educational materials regarding the newborn screening conducted by the state, including the disorders screened for and the management and treatment of these disorders are made available by the Department of Health and Senior Services. The educational materials may be ordered at [www.health.mo.gov/warehouse/e-literature.html](http://www.health.mo.gov/warehouse/e-literature.html) or by contacting the Department of Health and Senior Services' Newborn Screening Program at 800-877-6246.

[(6)](8) Effective [January 30, 2008] July 1, 2015, a fee of up to [sixty-five] ninety-five dollars [(65)] (\$95) shall be charged for each specimen collection form used to obtain a newborn screening blood specimen. [If the State Public Health Laboratory determines a submitted blood specimen to be unsatisfactory for testing, then a replacement specimen collection form will be made available without the fee being imposed.] The Department of Health and Senior Services may collect the fee from any entity or individual described in section 191.331.1, RSMo.

*AUTHORITY: section[s] 191.331 and] 192.006, RSMo 2000, and sections 191.331 and 191.332, RSMo Supp. [2006] 2014. This rule was previously filed as 13 CSR 50-143.010 and 19 CSR 20-36.010. Original rule filed Sept. 29, 1965, effective Oct. 13, 1965. For intervening history, please consult the Code of State Regulations. Amended: Filed Jan. 29, 2015.*

*PUBLIC COST: This proposed amendment will cost state agencies ninety-seven thousand six hundred fifty dollars (\$97,650) annually with projected first year fee increase; one hundred forty-one thousand eight hundred twenty-five dollars (\$141,825) in the aggregate with projected second year fee increase; and up to two hundred twenty-three thousand two hundred dollars (\$223,200) in the aggregate annually thereafter with implementation of additional fee increases up to the established fee cap.*

*PRIVATE COST: This proposed amendment will cost private entities \$1,330,560 annually with projected first year fee increase; \$1,713,600 in the aggregate annually with the projected second year fee increase; and up to \$2,419,200 in the aggregate annually thereafter with implementation of additional fee increases up to the established fee cap.*

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

**FISCAL NOTE  
PUBLIC COST**

- I. Department Title: 19 – Department of Health and Senior Services  
Division Title: 25 – State Public Health Laboratory  
Chapter Title: 36 – Testing for Metabolic Diseases**

<b>Rule Number and Name:</b>	19 CSR 25-36.010 Testing for Metabolic and Genetic Disorders
<b>Type of Rulemaking:</b>	Proposed Amendment

**II. SUMMARY OF FISCAL IMPACT**

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Social Services/MO HealthNet Division	\$97,650 annually with projected first year fee increase; \$44,175 additional annually with projected second year fee increase; up to \$223,200 annually in the aggregate with implementation of additional fee increases up to the established fee cap

**III. WORKSHEET**

Projected first year increase: 15,000 specimen collection forms annually x \$10.50 fee increase for laboratory testing x 62% = \$97,650 annually  
 Projected second year increase: 15,000 specimen collection forms annually x \$4.75 fee increase for laboratory testing x 62% = \$44,175 additional annually  
 Maximum increase: 15,000 specimen collection forms annually x \$24 fee increase for laboratory testing x 62% = \$223,200 annually in the aggregate

**IV. ASSUMPTIONS**

- Estimated 15,000 tests billed each year to MO HealthNet for Medicaid eligible participants.
- The MO HealthNet reimbursement rate is approximately 62% of the newborn screening fee associated with laboratory testing only. The remaining 38% is the state match required by the Department of Social Services. The Department of Health and Senior Services provides the required state match generated from the fees collected for all newborn screening testing.
- The increases anticipated in the first two years (\$10.50 year 1; \$4.75 year 2) are needed to support the costs of testing performed for Lysosomal Storage Disorders (LSD). LSD screening is being implemented as required by HB 716 passed in 2009.
- Additional fee increases will be implemented by DHSS as necessary to financially support inflationary costs and additional testing that may be added to the newborn screening panel in the future. Additional tests would only be implemented after review and approval by the DHSS Genetics Advisory Committee in order to remain in compliance with such recommendations as the Recommended Uniform

Screening Panel (RUSP) of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children or as required by legislation passed by the Missouri General Assembly.

FISCAL NOTE  
PRIVATE COST

- I. Department Title: 19 – Department of Health and Senior Services**  
**Division Title: 25 – State Public Health Laboratory**  
**Chapter Title: 36 – Testing for Metabolic Diseases**

<b>Rule Number and Title:</b>	19 CSR 25-36-010 Testing for Metabolic and Genetic Disorders
<b>Type of Rulemaking:</b>	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:
108 78 46 1,470	Hospitals Clinics Midwives Physicians	\$1,330,560 annually with projected first year fee increase; \$383,040 additional annually with projected second year fee increase; up to \$2,419,200 annually in the aggregate with implementation of additional fee increases up to the established fee cap

**III. WORKSHEET**

Projected first year increase: 80,640 specimen collection forms annually x \$16.50 fee increase = \$1,330,560 annually

Projected second year increase: 80,640 specimen collection forms annually x \$4.75 fee increase = \$383,040 additional annually

Maximum increase: 80,640 specimen collection forms annually x \$30 fee increase = \$2,419,200 annually in the aggregate

**IV. ASSUMPTIONS**

- Estimated 80,640 specimen collection forms each year based on previous years.
- Number of entities affected estimated by number of previous submitters.
- The cost (established fee) of newborn screening will most likely be passed on to health insurance companies by the entities listed above.
- The newborn screening fee provides the funds necessary for the Department of Health and Senior Services to perform the established laboratory screening tests and associated follow-up services for a positive test result.

- The rule changes the fee cap ceiling from \$65 per specimen collection form to a cap of \$95 per specimen collection form (possible total fee increase of \$30 per collection form).
- The increases anticipated in the first two years (\$16.50 year 1; \$4.75 year 2) are needed to support the costs of testing and follow-up services performed for Lysosomal Storage Disorders (LSD). LSD screening is being implemented as required by HB 716 passed in 2009.
- Additional fee increases will be implemented by DHSS as necessary to financially support inflationary costs and additional testing that may be added to the newborn screening panel in the future. Additional tests would only be implemented after review and approval by the DHSS Genetics Advisory Committee in order to remain in compliance with such recommendations as the Recommended Uniform Screening Panel (RUSP) of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children or as required by legislation passed by the Missouri General Assembly.

**Title 19—DEPARTMENT OF HEALTH  
AND SENIOR SERVICES  
Division 30—Division of Regulation and Licensure  
Chapter 1—Controlled Substances**

**PROPOSED AMENDMENT**

**19 CSR 30-1.048 Records for Practitioners and Researchers.** The department is amending the purpose statement, deleting sections (9) and (10), and adding a new section (9).

*PURPOSE: This amendment will allow prescriptions for controlled substances to be transmitted electronically provided federal laws relating to electronic prescribing of controlled substances are followed.*

*PURPOSE: This rule sets requirements for record keeping for [individual] practitioners and researchers. It also sets requirements for the use of facsimile and electronic [computer transmission of controlled substance] prescriptions.*

(9) [Any practitioner or practitioner's agent who transmits a controlled substance prescription by electronic computer transmission shall maintain a printout of each day's transmissions. The practitioner or practitioner's agent shall verify that the information in the printout is correct and shall sign the printout.] The creation, signature, transmission, and processing of controlled substance prescriptions electronically and record keeping for electronic controlled substance prescriptions shall meet the requirements of 21 CFR Parts 1300 to End, which are hereby incorporated by reference in this rule as published April 1, 2014, by the Office of Federal Register, National Archives and Records Administration, and are made available to the public by the U.S. Government Printing Office, 732 N. Capitol Street NW, Washington, D.C. 20401, or at [www.gpoaccess.gov/cfr/](http://www.gpoaccess.gov/cfr/). This rule does not incorporate any subsequent amendments or additions.

*[(10) Each pharmacist who dispenses controlled substances under a prescription transmitted by electronic computer transmission, shall verify with the practitioner within 30 days of the filling such prescription that the prescription was authorized by the practitioner. If verification is made by telephone, the pharmacist shall document the verification on the reverse of the prescription or in the computer. If verification is made by sending the practitioner a copy of a computer printout, the practitioner shall verify, sign and return the printout to the pharmacy. The pharmacy shall maintain the verified printout in a separate file.]*

*AUTHORITY: sections 195.050 and 195.195, RSMo [1994] Supp. 2014. Original rule filed April 14, 2000, effective Nov. 30, 2000. Amended: Filed Jan. 29, 2015.*

*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 Michael Boeger, Administrator, Department of Health and Senior Services, Bureau of Narcotics and Dangerous Drugs, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 19—DEPARTMENT OF HEALTH  
AND SENIOR SERVICES  
Division 30—Division of Regulation and Licensure  
Chapter 1—Controlled Substances**

**PROPOSED AMENDMENT**

**19 CSR 30-1.062 Transmission of Prescriptions.** The department is amending sections (1) and (2) and adding a new section (4).

*PURPOSE: This amendment establishes specific requirements and restrictions governing transmission of prescription information.*

(1) Prescriptions in Schedule II. A pharmacist may dispense a controlled substance in Schedule II only under a written prescription signed by the practitioner, except as provided in section 195.060.3, RSMo. A prescription for a Schedule II controlled substance may be transmitted from the prescribing practitioner to a pharmacy by facsimile equipment [or electronic computer transmission], provided the original written, signed prescription is presented to the pharmacist for review prior to the actual dispensing of the controlled substance, except that—

(A) A prescription written for a Schedule II narcotic substance to be compounded for the direct administration to a patient by parenteral, intravenous, intramuscular, subcutaneous, or intraspinal infusion may be transmitted by the practitioner or the practitioner's agent to the pharmacy by facsimile [or by electronic computer transmission]. The facsimile [or the computer transmission] which has been reduced to writing shall serve as and shall be maintained in the same manner as an original written prescription.

(B) A prescription written for a Schedule II substance for a resident of a long-term care facility may be transmitted by the practitioner or the practitioner's agent to the pharmacy by facsimile [or by electronic computer transmission]. The facsimile [or the computer transmission] which has been reduced to writing shall serve as, and shall be maintained in the same manner, as an original written prescription.

(C) A prescription written for a Schedule II substance for a patient of a hospice may be transmitted by the practitioner or the practitioner's agent to the pharmacy by facsimile [or by electronic computer transmission]. The practitioner or the practitioner's agent shall note on the prescription that the patient is a hospice patient. The facsimile [or the computer transmission] which has been reduced to writing shall serve as, and shall be maintained in the same manner, as an original written prescription.

(2) Prescriptions in Schedule III, IV, or V. A pharmacist may dispense directly a controlled substance in Schedule III, IV, or V only under a written prescription signed by a practitioner or a facsimile of a written, signed prescription transmitted by the practitioner or his/her authorized agent or under an oral prescription made by an individual practitioner whether communicated by the practitioner or his/her authorized agent [or a prescription transmitted by electronic computer transmission] by the authorizing practitioner or the practitioner's agent to the pharmacy. All oral prescriptions [and prescriptions transmitted by electronic computer transmission] shall be promptly reduced to writing by the pharmacist containing all information required in section 195.060, RSMo, except for the signature of the practitioner.

(4) Prescriptions Transmitted by Electronic Computer Transmission. A pharmacist may dispense a controlled substance in Schedule II, III, IV, or V under a prescription transmitted from the prescribing practitioner to a pharmacy by electronic computer transmission provided that the prescription and its transmission complies with federal law regarding electronic prescriptions as found in the Code of Federal Regulations, Title 21 Part 1300 to End. The federal rules regarding electronic prescriptions are

hereby incorporated by reference in this rule as published April 1, 2014, by the Office of Federal Register, National Archives and Records Administration, and are made available to the public by the U.S. Government Printing Office, 732 N. Capitol Street NW, Washington, D.C. 20401, or at [www.gpoaccess.gov/cfr/](http://www.gpoaccess.gov/cfr/). This rule does not incorporate any subsequent amendments or additions.

*AUTHORITY:* section 195.195, RSMo [1994] Supp. 2014. Original rule filed April 14, 2000, effective Nov. 30, 2000. Amended: Filed Jan. 29, 2015.

*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 Michael Boeger, Administrator, Department of Health and Senior Services, Bureau of Narcotics and Dangerous Drugs, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 19—DEPARTMENT OF HEALTH  
AND SENIOR SERVICES  
Division 30—Division of Regulation and Licensure  
Chapter 1—Controlled Substances**

**PROPOSED AMENDMENT**

**19 CSR 30-1.064 Partial Filling of Schedule II Prescriptions.** The department is amending sections (1) and (2).

*PURPOSE:* This amendment allows for the partial filling of an electronic prescription for controlled substances.

(1) The partial filling of a prescription for a controlled substance listed in Schedule II is permissible, if the pharmacist is unable to supply the full quantity called for in a written or emergency oral prescription, and s/he makes a notation of the quantity supplied on the face of the written prescription (or written record of the emergency oral prescription), **or in the electronic record.** The remaining portion of the prescription may be filled within **seventy-two (72) hours** of the first partial filling; however, if the remaining portion is not or cannot be filled within the **seventy-two- (72-) hour period**, the pharmacist shall so notify the prescribing individual practitioner. No further quantity may be supplied beyond **seventy-two (72) hours** without a new prescription.

(2) A prescription for a Schedule II controlled substance written for a patient in a long-term care facility (LTCF) or for a patient with a medical diagnosis documenting a terminal illness, may be filled in partial quantities to include individual dosage units. If there is any question whether a patient may be classified as having a terminal illness, the pharmacist must contact the practitioner prior to partially filling the prescription. Both the pharmacist and the prescribing practitioner have a corresponding responsibility to assure that the controlled substance is for a terminally ill patient. The pharmacist must record on the prescription whether the patient is “terminally ill” or an “LTCF patient.” A prescription that is partially filled and does not contain the notation “terminally ill” or “LTCF patient” shall be deemed to have been filled in violation of Chapter 195, RSMo. For each partial filling, the dispensing pharmacist shall record on the

back of the prescription (or on another appropriate record, uniformly maintained and readily retrievable) the date of the partial filling, quantity dispensed, remaining quantity authorized to be dispensed, and the identification of the dispensing pharmacist. The total quantity of Schedule II controlled substances dispensed in all partial fillings must not exceed the total quantity prescribed. Schedule II prescriptions for patients in an LTCF or patients with a medical diagnosis documenting a terminal illness, shall be valid for a period not to exceed **sixty (60) days** from the issue date unless sooner terminated by the discontinuance of medication.

*AUTHORITY:* section 195.195, RSMo [1994] Supp. 2014. Original rule filed April 14, 2000, effective Nov. 30, 2000. Amended: Filed Jan. 29, 2015.

*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 Michael Boeger, Administrator, Department of Health and Senior Services, Bureau of Narcotics and Dangerous Drugs, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL  
REGISTRATION  
Division 2110—Missouri Dental Board  
Chapter 2—General Rules**

**PROPOSED AMENDMENT**

**20 CSR 2110-2.210 Notice of Injury or Death.** The board is proposing to amend section (1).

*PURPOSE:* This amendment clarifies the requirements for a dentist to report an injury to a patient to the board.

(1) A dentist who practices in this state shall submit a report to the board within thirty (30) days of any mortality or any injury requiring **[hospitalization] medical attention and/or treatment from a licensed healthcare provider** within the dentist’s knowledge which occurs to a patient during or within twenty-four (24) hours of **[administration of local anesthesia, nitrous oxide inhalation analgesia, conscious sedation with parenteral or enteral drugs, deep sedation, or general anesthesia, while] having received treatment** under the care of the dentist.

*AUTHORITY:* section 332.031, RSMo 2000. This rule originally filed as 4 CSR 110-2.210. Original rule filed Oct. 13, 1983, effective Jan. 13, 1984. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Jan. 20, 2015.

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

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

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in

*support of or in opposition to this proposed amendment with the Missouri Dental Board, PO Box 1367, Jefferson City, MO 65102, by facsimile at (573) 751-8216, or via email at dental@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*