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**Rules of**  
**Department of Health**  
**Division 50—Division of Injury Prevention,**  
**Head Injury Rehabilitation and Local Health Services**  
**Chapter 10—Missouri Rehabilitation Center**

<b>Title</b>	<b>Page</b>
<b>19 CSR 50-10.010</b> Standard Means Test for Patients .....	3
<b>19 CSR 50-10.020</b> Patient Rights Regarding Health Care Decisions.....	4

**Title 19—DEPARTMENT OF  
HEALTH  
Division 50—Division of Injury  
Prevention, Head Injury  
Rehabilitation and Local Health Services  
Chapter 10—Missouri Rehabilitation  
Center**

**19 CSR 50-10.010 Standard Means Test  
for Patients**

*PURPOSE: This rule provides a standard means test for patients of the Missouri Rehabilitation Center.*

(1) The following definitions shall be used in the interpretation and enforcement of this rule, unless the context clearly requires otherwise:

(A) Fair market value is the amount in cash that could be received in a sale between a willing seller and a willing buyer for an item or interest in property;

(B) Hospital is the Missouri Rehabilitation Center in Mt. Vernon, formerly known as the Missouri State Chest Hospital;

(C) Income is the income of the patient and the responsible party(ies) and includes, but is not limited to, the following: cash, property or credits of any kind received for services performed, property, merchandise, employment, self-employment or training programs; public assistance benefits such as food stamps; maintenance or alimony; child support; unemployment insurance or compensation; disability insurance that is not a third-party source in subsection (1)(D) of this rule; pensions; annuities; Workers' Compensation; Social Security; military benefits; Supplemental Security Income (SSI); retirement benefits; rental income; regular contributions from relatives and others; and dividends or interest received or accumulative on investment interests;

(D) Patient is any person actually receiving care or other services from the hospital;

(E) Property is the property of the patient and the responsible party(ies) and includes, but is not limited to, real and personal property except for personal residence; all forms of tangible and intangible interests or titles recognized under Missouri law; and assets of any kind, form or description which are capable of sale or transfer to a third person or person other than the patient;

(F) Responsible party is any person who, as a result of familial or legal relationship with a patient, personally is liable for the cost of health or medical care for the patient; or a person who has voluntarily accepted personal financial responsibility for the payment of medical or health care or services for the patient;

(G) Size of family unit includes the responsible party(ies) and dependents allowable by the Internal Revenue Service as federal income tax exemptions; and

(H) Third-party source includes, but is not limited to, private insurance of any type which is required to be paid as a result of admission to any hospital or long-term health care facility or on an expense-incurred basis for health expenses—Blue Cross, Medicare, Medicaid, other federal and state public assistance programs for health care, Workers' Compensation, damage awards or settlements from litigation arising out of the cause of the patient's need for care or services, trusts, estates, or any other form of indemnity for illness or injury.

(2) The charges determined by the application of this rule shall not exceed the costs of care for the patient. If more than one (1) source of reimbursement is being charged for the daily costs, then collectively the daily charges shall not exceed daily costs.

(3) The hospital director or his/her designee shall apply toward the costs incurred for providing the patient's services the benefits received on behalf of the patient from third-party sources, including public and private health insurance, to the extent and limits of the coverage of the patient of that third-party source.

(A) If a federal program requires the hospital to accept federal reimbursement as full payment as a condition of participation in the program, the hospital shall not charge the patient any additional fee or amount for the services or care except for any permitted deductible or coinsurance.

(B) The hospital shall charge the patient or responsible party for any deductible or coinsurance permitted by benefit plans which are third-party sources.

(C) If payment by a parent or spouse under section (4) or (10) of this rule would result in a reduction of government benefits to the patient, then the parent or spouse shall not be charged unless required by the benefit plan.

(4) The following are jointly and severally liable to pay under this rule for the services rendered by the benefit plan:

(A) The patient;

(B) The patient's estate, only to the extent of the assets in the estate, if the patient has a guardian or is deceased;

(C) The patient's spouse unless otherwise provided for in a separation agreement approved by a court of competent jurisdiction;

(D) The patient's parents if the patient is a minor (under the age of eighteen (18) years) or the stepparent of a minor if that minor resides

in the home of the stepparent, with this exception— parents of an emancipated minor patient;

(E) Under the common law of Missouri, the parents of a patient age eighteen (18) or over who is not a resident of this state and who is insolvent or incapacitated;

(F) Any fiduciary, such as a trustee, only to the extent of the assets the fiduciary is holding on behalf of or for the patient and which are assets that may be used according to law; and

(G) Any representative payee to the extent of the benefits and assets under the law governing and permitting payment of benefits and assets for the patient.

(5) Any patient who is not a resident of Missouri is financially responsible for the full cost of medical care and services for him/herself.

(6) If the patient is a resident of another state at the time of his/her admission or if the patient is a Missouri resident who refuses to consent to the application of this rule or refuses to provide the required financial information, the patient will be one hundred percent (100%) liable for all billed charges except as provided in subsection (3)(A) of this rule. A cash deposit and assignment of third-party sources shall be required of these patients prior to their admission; the cash deposit shall be fifty percent (50%) of the estimated charges for the entire stay. If the patient already has been admitted and either will not or is unable to make the required deposit, the patient may be discharged if medically practical.

(7) If third-party sources are insufficient to meet the costs of care of the patient at the hospital and the hospital is not prohibited by law from billing the patient or other financially responsible person, the hospital director or his/her designee shall determine the amounts to be charged from income and property of the patient and responsible parties. The availability of care without this charge or payment shall be limited to the availability of appropriations for that purpose and any remaining unexpended balances.

(8) The value of all property and income of the patient and responsible parties, as well as the existence of third-party sources, shall be reported by the patient at the time of admission or at the time that a change in the patient's financial condition occurs. Failure of a patient or his/her responsible party to accurately report all third-party sources, income or property values shall result in the Patient Liability Formula in section (11) of this rule not being applied; and the patient shall be liable for one hundred percent (100%) of billed

charges from the date of admission or the date of change of circumstances to the date of discharge.

(9) Any patient and responsible party shall report all changes in the patient's financial condition, such as loss of income or sale of property, within ten (10) days of the occurrence causing the change. Failure to report changes in a timely manner will result in the same action being taken as that described in section (8) of this rule.

(10) The director of the hospital or his/her designee shall deem as income for purposes of determining liability under the Patient Liability Formula in section (11) of this rule one hundred percent (100%) of the fair market value of all interests or equity in real property other than a personal residence and one hundred percent (100%) of the fair market value of all interests or equity in all other forms of property, wherever situated or however titled, of the patient or his/her responsible party.

(11) The director of the hospital or his/her designee shall charge patients or their responsible parties who have consented to the application of this rule, who are Missouri residents and who have assigned all third-party sources for payment of the charges for medical or health care at the hospital, the balances due on their respective accounts not satisfied by third-party sources, as determined by the Patient Liability Formula as follows:

**Missouri Rehabilitation Center Patient Liability Formula**

	Amount
Income (before taxes)	\$
Real Estate—	
Appraised Value	\$
Less Mortgage	\$
Total	\$
Other Investments	\$
Available Resources	\$
Less 150% Federal Poverty Level*	\$
Subtotal	\$
Liability Percentage	%
Liability Amount	\$

**Liability Table:**

Available Resources	Percent Liability
Up to \$5,000	40
\$5,001—\$20,000	50
Over \$20,000	60

  

Size of Family Unit	100% Standard (annual)
1	\$ 6,620
2	\$ 8,880
3	\$ 11,140
4	\$ 13,400
5	\$ 15,660
6	\$ 17,920
7	\$ 20,180
8	\$ 22,440

\*For family units with more than eight (8) members, add \$2260 for each additional member.

(12) If any patient or other responsible party fails to disclose financial resources upon request of the hospital, or if the patient or other responsible party refuses to allow the hospital to collect payment from third-party sources, the hospital director or his/her designee shall charge the patient or responsible party the costs of providing medical or health care to the patient and may discharge the patient.

(13) Upon notice of changes occurring in income or asset status, the hospital shall recalculate the patients liability.

(14) In the event that an individual is a patient for more than thirty (30) days at the Missouri Rehabilitation Center (MRC) and has benefit payments for pension, disability, and the like, the patient or his/her representative shall agree to name MRC as representative payee or sign over the benefits to MRC for as long as the person is a patient at MRC or a resident in the transitional living program. If these amounts exceed the calculation made by the Patient Liability Formula, then the patient's liability will be the sum of any or all of these benefit payments up to the amount of the cost of care.

(15) For patients who have had another means test applied prior to December 26, 1986, the hospital shall apply the test in section (11) of this rule upon the anniversary date of admission or when the hospital would otherwise be reapplying the test.

*Auth: section 192.005.2., RSMo (1986).\* Original rule filed Oct. 3, 1986, effective Dec. 26, 1986. Amended: Filed Nov. 26, 1991, effective April 9, 1992.*

\*Original authority 1985.

**19 CSR 50-10.020 Patient Rights Regarding Health Care Decisions**

*PURPOSE: This rule establishes the policy and procedures to be followed by Missouri Rehabilitation Center to assure the rights of patients to participate in and direct health care decisions affecting them.*

(1) Unless the context clearly indicates otherwise, the following definitions shall be used in the interpretation of this rule:

(A) Advance health care directive means a written document executed by a competent individual which identifies his/her wishes regarding the withdrawing or withholding of life-sustaining treatment in the event s/he becomes incompetent; and

(B) Attorney-in-fact means a person or corporation appointed by a patient's written power of attorney for health care to act as an agent for the patient if s/he becomes incompetent.

(2) Any competent adult patient shall have the right to make decisions regarding his/her health care including the right to refuse or accept medical treatment and to execute an advance health care directive.

(3) During the admission process at Missouri Rehabilitation Center a patient or her/his guardian or attorney-in-fact shall be asked to provide to hospital staff a copy of the patient's advance health care directive if one exists. The center's staff shall provide the patient or guardian or attorney-in-fact a copy of the center's policy on the carrying out of advance health care directives. If an advance health care directive is produced, it shall be included in the patient's medical record. No patient shall be refused admission because s/he does not have an advance health care directive. An Exhibit A form shall be completed for each person admitted to Missouri Rehabilitation Center.

(4) Missouri Rehabilitation Center shall accept and honor the lawful advance health care directive of each patient.

(5) Individual employees of Missouri Rehabilitation Center shall not be required to assist in carrying out a health care decision of an attorney-in-fact if that decision is contrary to the employee's religious beliefs or moral convictions. At the employee's request, s/he shall not be required to provide care to the patient.

*Auth: section 192.005.2., RSMo (1986).\**  
*Original rule filed Jan. 15, 1993, effective*  
*July 8, 1993.*

*\*Original authority 1985.)*



**EXHIBIT A**

**MISSOURI REHABILITATION CENTER  
ACKNOWLEDGMENT OF MRC POLICY  
PATIENT/CLIENT SELF-DETERMINATION**

The hospital policy on advance health care directives was explained to me. I understand I do not have to have one in order to be admitted to MRC but if I do, it will be made part of my medical record.

\_\_\_\_\_  
Patient/Representative

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**TO BE ASKED BY ADMISSION CLERK UPON ADMISSION:**

- 1. Was the patient/client asked if she/he has directive or wants information on preparing one?  Yes  No
- 2. Was patient given hospital policy on patient self-determination?  Yes  No
- 3. Did patient produce copy of Durable Power of Attorney for Health Care?  Yes  No
- 4. Did patient produce copy of Living Will?  Yes  No
- 5. Would patient like assistance from Social Service in explaining either of the above?  Yes  No

\_\_\_\_\_  
Signature of Admn. Clerk

\_\_\_\_\_  
Date

**DOCUMENTS PRODUCED AFTER ADMISSION:**

Durable Power of Attorney for Health Care

Living Will

\_\_\_\_\_  
Signature of person obtaining document

\_\_\_\_\_  
Date

**THIS DOCUMENT WILL BE RETAINED AFTER SIGNATURE AS A PERMANENT PART OF THE MEDICAL RECORD.**