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**Rules of**  
**Department of Mental Health**  
**Division 10—Director, Department of Mental Health**  
**Chapter 31—Reimbursement for Services**

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**Title 9—DEPARTMENT OF  
MENTAL HEALTH**

**Division 10—Director, Department of  
Mental Health**

**Chapter 31—Reimbursement for Services**

**9 CSR 10-31.010 Determination of the  
Charges for Mental Health Services Based  
Upon Ability to Pay**

(Rescinded January 1, 1982)

*AUTHORITY: section 202.330, RSMo Supp. 1980. Original rule filed Dec. 23, 1975, effective Jan. 2, 1976. Rescinded: Filed Aug. 13, 1981, effective Jan. 1, 1982.*

*Op. Atty. Gen. No. 228, Robb (6-28-73). The Division of Mental Health has the authority and the duty to charge for the care and treatment of a juvenile committed to the Division of Mental Health by the juvenile court or transferred to the Division of Mental Health from the State Board of Training Schools pursuant to section 211.201, RSMo, if this person is determined to be a private patient pursuant to the provisions of section 202.863, RSMo.*

*Op. Atty. Gen. No. 66, Nanson (6-18-58). The Division of Mental Diseases may charge pay patients in state hospitals the maximum amount fixed by the division for each institution or any amount below that maximum based upon the ability, or means of the patient, to pay. A husband is liable for the support of his wife unless she has abandoned him without good cause or has abandoned him with cause and has contracted an adulterous relationship consequently; that a husband is liable for the support of his minor children; that in the absence of the husband or his inability to support minor children the same obligation devolves upon his wife. Persons who adopt a child and persons who stand in the position of *in loco parentis* have the same duty to support as do natural parents.*

**9 CSR 10-31.011 Standard Means Test**

*PURPOSE: This rule prescribes a standard means test as required by section 630.210, RSMo to determine amounts to be charged for services provided or procured by the Department of Mental Health.*

*Editor's Note: The secretary of state has determined that the publication of this rule in its entirety would be unduly cumbersome or*

*expensive. The entire text of the material referenced has been filed with the secretary of state. This material may be found at the Office of the Secretary of State or at the headquarters of the agency and is available to any interested person at a cost established by law.*

(1) Definitions. The terms defined in section 630.005, RSMo are incorporated by reference as though set out in this rule. The following other terms used in this rule, unless the text clearly requires otherwise, shall mean:

(A) Adjusted gross monthly income—the income remaining after allowable deductions permitted by this rule;

(B) Community support services—for the Division of Mental Retardation and Developmental Disabilities (MRDD), this means all Purchase of Service (POS) services, case management services for clients residing in Community Placement Program (CPP) facilities and in their natural homes, Choices for Families services and all voucher services; for the Division of Comprehensive Psychiatric Services (CPS), this means Family Preservation services, Intensive Case Management services for children and adults, POS Community Psychiatric Rehabilitation Program (CPRP) services, Supported Housing Voucher Program or Housing and Urban Development (HUD) Housing Voucher Program services, and Intergrated Employment Support services; for the Division of Alcohol and Drug Abuse (ADA), this applies to drug-free counseling services provided to clients participating in a methadone maintenance program who have become drug-free;

(C) Early intervention services—developmental services provided by qualified personnel to meet infant's or toddler's developmental needs in one (1) or more of the following areas: physical development, cognitive development, language and speech development, psychosocial development or self-help skills. Early intervention services must be provided in conformity with an individualized family service plan. Early intervention services may include, but are not limited to:

1. Family training, counseling and home visits;
2. Special instructions;
3. Speech pathology and audiology;
4. Occupational therapy;
5. Physical therapy;
6. Transportation;
7. Psychological services;
8. Social work;
9. Case management services;

10. Nursing services;
11. Nutrition services;
12. Medical services for diagnostic or evaluation purposes;
13. Early identification, screening and assessment services; and

14. Health services which enable infants or toddlers to benefit from other early intervention services;

(D) Financially responsible person—the individual who is obligated by law or this rule to pay charges for services;

(E) Gross monthly income (earned and unearned)—the total monthly income from all sources before payroll deductions, other withholdings and expenses incurred in earning the income. Examples would include salaries and wages, dividends, annuities, interest, rents, pensions, disability and survivor benefits, Workers' Compensation, unemployment compensation, maintenance and child support payments, bonuses, tips and gratuities, income from business or profession and any other taxable and nontaxable income;

(F) Household size—the number of persons dependent upon the income of the financially responsible person including the person (recipient) receiving services, except for a blended family situation. Dependency for family members, other than the recipient, must meet the dependency test in the federal *Internal Revenue Code*;

(G) Long-term care—continuous residential care (excluding supportive housing) which meets any of the following conditions:

1. Admission to a habilitation center;
2. Admission to a community placement facility;
3. A statement signed by a physician or a qualified mental health professional that the care is for an indeterminate period; or
4. The care has been provided for at least twenty-four (24) months without any documentation in the recipient's individualized treatment, habilitation or rehabilitation plan indicating discharge is imminent (within ninety (90) days);

(H) Monthly rate—the amount determined by application of the sliding fee scale to be charged for services provided in a month;

(I) Provider—a public or private agency offering services to individuals approved for Department of Mental Health (DMH)-funded services;

(J) Recipient-client, patient or resident—the person receiving services;

(K) Representative payee—guardian, trustee, conservator or other fiduciary appointed to receive a beneficiary's benefits



(for example, Social Security, Railroad Retirement);

(L) Sliding fee scale—a table for determining the monthly rate to be charged to a financially responsible person for services; and

(M) Unearned income—income that is not derived from employment. Examples would include maintenance and child support monies, interests, pensions, unemployment benefits, Workers' Compensation and benefits from the Social Security Administration, Railroad Retirement Board, Civil Service Commission, Veterans Administration and other similar types of income.

(2) Charges Not to Exceed Costs. The charges determined by the application of this rule shall not exceed costs. For providers operated by the department, the costs are determined annually as required by section 630.210, RSMo. For other providers, the costs are authorized by contract with the department. If more than one (1) source of reimbursement is being charged, then collectively the charges shall not exceed costs.

(3) Community Support Incentives (POS). The following financial incentives shall be provided to clients and families receiving less costly community support services:

(A) Clients or their financially responsible parties shall be assessed at a rate of one-fourth (1/4) their monthly ability to pay, for community support services which are received by the client, except for the case management services specified in subsection (3)(B). Insurance companies and other third-party payers shall be billed at actual cost for all community support services, including the case management services specified in subsection (3)(B); and

(B) For case management services reimbursed by the Division of Mental Retardation and Developmental Disabilities and intensive case management services reimbursed by the Division of Comprehensive Psychiatric Services, only clients or their financially responsible parties with annual adjusted gross incomes exceeding one hundred thousand dollars (\$100,000) shall be assessed a charge, and the charge shall be the lesser of actual cost or one-fourth (1/4) their monthly ability to pay.

(4) Health Insurance. The provider shall apply to the costs incurred for providing services to the recipient the benefits received or available on behalf of or to the recipient from private and public health insurance, health services corporation and health maintenance

organization plans, policies and contracts including individual, company, fraternal, group, Medicare, Medicaid and similar plans to the extent and limits of the coverage for the recipient. If a federal program requires the department to accept federal reimbursement as full payment as a condition of participation in the program for certain services, the provider shall not charge the financially responsible person for the services except the federally permitted deductibles or coinsurances.

(5) Financial Responsibility. As set out in section 630.205, RSMo, the following are jointly and severally liable to pay under this rule for services rendered to a recipient:

(A) The recipient;

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

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

(D) The recipient's natural parents' ability to pay is based separately on their own income with each claiming the children from that marriage as dependents. All child support, even if it is for other children that were a result of that marriage that are not our clients, will be considered in total income;

(E) Any fiduciary, such as a trustee, only to the extent of the assets the fiduciary is holding on behalf of or for the recipient, which assets may be used according to law; except for any assets held in the Missouri Family Trust Fund on behalf of or for the recipient;

(F) Any representative payee to the extent of the benefits and assets under the law governing and permitting payment of benefits and assets for the recipient;

(G) The recipient's parents if the recipient is a minor (under age eighteen (18)), except the following:

1. The parents of a minor recipient who has been emancipated;

2. The parents of a minor recipient if the parents have relinquished parental responsibility through legal adoption or have had parental rights terminated by an action of a juvenile court;

3. The parents of a recipient age three to eighteen (3–18), a recipient age three to twenty-one (3–21) or the spouse or estate of a recipient age three to twenty-one (3–21) are not liable for the cost of education, special education or related services. The parents of a recipient age birth to three (0–3) are not

liable for the cost of prevention and early intervention services provided through P.L. 102-119 Part H First Steps. The term special education, as used in this rule, is defined in 34 CFR Section 300a.14. The term related services, as used in this rule, is defined in 34 CFR 300a.13;

4. The adoptive parents of a minor recipient who had been, before the adoption, court committed to the legal custody of the department, the Department of Social Services or a charitable organization; and

5. Stepparents' income;

(H) If two (2) or more members of a household receive services in the same month, the provider shall charge no more than the amounts determined by application of the sliding fee scale for one (1) recipient. Before this shall apply, the financially responsible person shall notify the provider when services are provided to more than one (1) member of the household in the same month;

(I) If the recipient is eligible for Medicaid (under any state entitlement program), Supplemental Security Income (SSI), General Relief (GR) or Food Stamps, the Standard Means Test (SMT) is not required to be implemented, with the exceptions that are found in other parts of this rule. Documentation of the eligibility must be placed in the financial file in lieu of an SMT;

(J) If the recipient is eligible for Title IV-A, the SMT will not need to be implemented. Documentation of eligibility must be placed in the financial file in lieu of an SMT;

(K) If it appears from the application of the SMT that the recipient could be assessed under more than one (1) client identifier, the formula which requires the least amount of client pay will be used; and

(L) The department shall consider non-custodial parents court orders regarding support payments and medical coverage obligations.

(6) Charges for Nonresidents. If a recipient of any age is not domiciled in this state, as defined in 9 CSR 10-31.016, then those responsible to pay, the parents, school district, special district or state department or agency of the recipient's domicile, under this rule are liable to pay the full cost of the services.

(7) Sliding Fee Scale. The scale determines the monthly rate to be charged to a financially responsible person for services. The scale was developed using one hundred fifty percent (150%) of the federal poverty guidelines



for the year 1996 and income withholding tables for federal and state taxes. The scale shall be updated annually when changes have occurred in the federal poverty guidelines or the tax withholding tables. The adjusted gross monthly income on the sliding fee scale is determined by deducting the following expenses from gross income:

(A) Business expenses and expenses incurred on income-producing property when the income is included in gross income under this rule and the expenses were deducted on the federal income tax return;

(B) Business expenses which have no history and are now being claimed will be based on federal tax guidelines; if a review finds business expenses were invalid, then the rate will be adjusted to their ability to pay, retroactively;

(C) Medical expenses deducted by the taxpayer (financially responsible person) on the most recent filed tax year that exceed the federal percentage rate allowable of the federal adjusted gross income in (1996) or medical expenses that exceed the federal percentage and cannot be claimed on the federal tax return due to inability to itemize deductions, proof of payment must be presented;

(D) Medical expenses, anticipated or unanticipated, that will be scheduled as a monthly payment. Documentation must be presented that the payments have been or are being made. If a review finds that payments were not or are not being made, then the rate will be adjusted to their actual ability to pay, retroactively; and

(E) Child support paid by a parent, whether the parent can claim the child as a dependent or not, shall be a deduction to income. Documentation must be provided that payments are being made.

(8) Charges for Long-Term Care. The charges shall be determined under this section when the recipient requires long-term care.

(A) If the recipient is with his/her spouse or dependents, the provider shall charge the recipient, his/her estate, fiduciary or representative payee as follows: If the recipient is with his/her spouse or dependents, all unearned income should be treated as earned income and assessed according to the sliding fee scale, except in those cases where the spouses are estranged.

(B) If the recipient in a residential care or inpatient facility purchased or operated by DMH is without spouse or dependents, then the provider shall consider all of a recipient's real and personal property when the provider

has obtained and filed an annual statement from a licensed physician or a qualified mental health professional indicating that the recipient requires full-time residential services or, if the recipient has been in full-time residential services, twenty-four (24) or more continuous months previously. The provider shall charge all costs until the recipient's estate is reduced to the allowable amount for Medicaid eligibility, except cash and securities shall not exceed ninety-five percent (95%) of the Medicaid limit on cash and securities. The provider (DMH-operated or purchased facility) shall apply all unearned income to the cost of services, except that the provider shall make an allowance of thirty dollars (\$30) or more per month for personal spending as specified in the recipient's individualized treatment, habilitation or rehabilitation plan. If the representative payee is the conservator, then the court-ordered costs shall be a reduction in the amount assessed upon the recipient's benefits.

(C) Subsections (8)(A) and (B) of this rule may be waived whenever the release of the recipient is imminent (within ninety (90) days), the unmet needs of the recipient have been documented and the recipient's existing funds are inadequate to pay the costs of the needs documented in the recipient's individualized habilitation, rehabilitation or treatment plan.

(9) Working Clients. If the recipient is a working client and is without a spouse, dependents, or both, the provider shall apply to costs of services forty percent (40%) of all net earned income exceeding one hundred dollars (\$100) per month, except in cases where DMH is not paying room and board costs. In these cases, the sliding fee scale shall be applied.

(10) Documentation Requirements. Financially responsible persons shall furnish the provider written statements of their income (for example, most recent year's filed complete federal tax return) or other supporting documentation requested by the provider for income verification. If the provider applies the long-term care provisions under this rule, then the provider shall obtain a statement of the recipient's personal and real assets and other supporting documentation. Documentation must be provided for any deductions to gross income.

(11) Failure to Comply. The provider shall have the recipient or financially responsible person apply for benefits and entitlements

described in this rule if it appears the recipient is eligible. The provider may charge the financially responsible person all costs of providing or procuring the services when the recipient or financially responsible person—

(A) Deliberately fails to divulge financial resources upon request of the provider;

(B) Fails to apply or permit the provider to apply for benefits; or

(C) Fails to assign benefits.

(12) Failure to Pay. The provider may take action to collect any unpaid amounts charged based on the sliding fee scale or the full cost based on the failure to comply. These actions may include, but are not limited to, Missouri State Income Tax Intercept and any further action allowable under state and federal law.

(13) Voluntary Payments. The provider may accept voluntary payments from individuals not legally obligated to pay and payments made in addition to the amounts determined by application of this rule. Providers operated by the department shall receive gifts, donations, devises or bequests as set out in section 630.330, RSMo. For services to clients, vendors or department-operated providers may set a minimal charge for services to clients which may exceed the monthly charge applicable under this rule. The charge shall not exceed five dollars (\$5) per visit and shall be an offset against any charges determined as otherwise applicable under this rule, per program, per provider. If one (1) client is assessed a minimal charge, all clients in that program must be assessed the same minimal charge. The provider can determine that an urgent need for immediate services overrides any inability or refusal to pay.

(14) Test Application Procedures. The director delegates his/her authority to complete the SMT to any provider operated by the department. Other providers (for example, nonstate community mental health centers or substance abuse programs) which serve recipients directly without having them go through department case management shall apply the test if the providers agree to do so under the terms of contracts with the department.

(A) The provider shall apply the SMT contained in this rule at admission, annually after admission if the recipient is still receiving services, upon request from the recipient or responsible party, or by the initiative of the provider or the department director due to any significant change in financial status.



(B) The provider shall apply the test in this rule on all recipients as of February 26, 1993.

(C) Upon request for review, the provider shall change the monthly rate, if warranted, effective to the first day of the month of the date of request.

(D) As other substantial changes occur in income or asset status, the provider shall reapply the test and the changes shall be effective as of the first day of the month following the date of the reapplication of the test. If inaccurate or fraudulent information was provided for determining charges, or if the recipient is entitled to retroactive benefits, the provider shall retroactively change the amount charged.

(15) Appeal Procedures. The application of the SMT may be appealed by the financially responsible person to the chief administrative officer of the provider and then the department director as follows:

(A) The chief administrative officer of the provider shall review upon appeal the application of the test as to the verification of financial resources, the determination of charges and issue a decision to the financially responsible person;

(B) The decision of the chief administrative officer of the provider may be appealed to the department director within fifteen (15) days of the receipt of the decision. The director will review appeals only if the recipient or responsible party alleges the incorrect application of the test. Upon completion of the review, the director shall issue a decision which may alter application of the test;

(C) As set out in section 630.210, RSMo, the decision of the director may be reviewed in the circuit court of Cole County or the circuit court in the county where the financially responsible person legally obligated to pay resides according to the procedure set out in Chapter 536, RSMo; and

(D) Pending the decision upon appeal by the provider's chief administrative officer, the decision of the department director, if appealed, or decision of a court of competent jurisdiction, if judicially reviewed, whichever is later, the department shall hold the provider harmless and shall pay disputed amounts to the provider, if necessary, to continue services to the recipient. If the financially responsible person is deemed obligated to pay any of the disputed amounts after the appeal is completed, then the financially responsible person shall pay the amounts to the provider as an offset to the department's

future support or to the department if no future department support is to be provided.

(16) Probation and Parole Clients. For services provided under terms and conditions of probation and parole, the provider may determine charges related to income and consistent with the treatment and rehabilitation goals of the terms and conditions of probation and parole as approved in writing by the department and the supervising court.

*AUTHORITY: sections 630.050 and 630.210, RSMo 1994.\* Original rule filed May 12, 1981, effective Jan. 1, 1982. Emergency amendment filed March 19, 1982, effective April 1, 1982, expired July 11, 1982. Amended: Filed April 14, 1982, effective July 11, 1982. Emergency amendment filed Dec. 20, 1982, effective Jan. 1, 1983, expired April 1, 1983. Emergency amendment filed June 20, 1983, effective July 1, 1983, expired Nov. 1, 1983. Amended: Filed June 20, 1983, effective Nov. 1, 1983. Emergency amendment filed Sept. 13, 1983, effective Oct. 1, 1983, expired Jan. 1, 1984. Amended: Filed Sept. 13, 1983, effective Jan. 1, 1984. Amended: Filed Oct. 11, 1984, effective Jan. 14, 1985. Amended: Filed Aug. 15, 1985, effective Nov. 11, 1985. Emergency amendment filed June 17, 1986, effective June 27, 1986, expired Oct. 15, 1986. Amended: Filed July 14, 1986, effective Nov. 28, 1986. Emergency amendment filed Dec. 20, 1990, effective Dec. 30, 1990, expired April 28, 1991. Amended: Filed Dec. 21, 1990, effective April 29, 1991. Emergency amendment filed May 21, 1991, effective July 1, 1991, expired Oct. 28, 1991. Amended: Filed Feb. 15, 1991, effective Aug. 30, 1991. Emergency rule filed Oct. 13, 1992, effective Oct. 23, 1992, expired Feb. 19, 1993. Emergency amendment filed Oct. 23, 1992, effective Nov. 2, 1992, expired Feb. 19, 1993. Rescinded and readopted: Filed May 15, 1992, effective Feb. 26, 1993. Emergency rule filed Feb. 10, 1993, effective Feb. 20, 1993, expired June 19, 1993. Amended: Filed Nov. 4, 1992, effective May 6, 1993. Amended: Filed July 17, 1995, effective Jan. 30, 1996.*

*\*Original authority: 630.050, RSMo 1980 and 630.210, RSMo 1980, amended 1981, 1982.*



Missouri Department of Mental Health  
Sliding Fee Scale—Monthly Rate

Adjusted Gross Monthly Income		Household Size									
From	To and Including	1	2	3	4	5	6	7	8	9	10
913	987	3									
988	1062	16									
1063	1137	30									
1138	1212	43									
1213	1287	57									
1288	1362	70	13								
1363	1437	84	26								
1438	1512	97	39								
1513	1587	111	53								
1588	1662	124	66	9							
1663	1737	137	80	23							
1738	1812	151	93	36							
1813	1887	164	106	49							
1888	1962	177	120	63	6						
1963	2037	191	133	76	19						
2038	2112	210	146	89	32						
2113	2187	221	160	103	46						
2188	2262	232	173	116	59	2					
2263	2337	243	187	130	73	15					
2338	2412	254	200	143	86	29					
2413	2487	265	213	156	99	42					
2488	2562	276	227	170	113	55					
2563	2637	287	240	183	126	69	12				
2638	2712	298	253	196	139	82	25				
2713	2787	309	266	209	153	95	38				
2788	2862	320	280	223	166	109	52				
2863	2937	331	293	236	179	122	65	8			
2938	3012	342	307	250	193	135	78	22			
3013	3087	353	320	263	206	149	92	35			
3088	3162	364	334	277	220	162	105	48			
3163	3237	374	347	290	233	175	118	62	5		
3238	3312	385	360	303	246	189	132	75	18		
3313	3387	396	374	317	260	203	146	89	32		
3388	3462	407	388	331	274	216	159	102	46		
3463	3537	418	401	344	287	229	172	116	59	2	
3538	3612	428	414	357	300	242	185	129	72	15	
3613	3687	439	427	370	313	256	199	142	85	28	
3688	3762	450	440	383	326	269	212	155	98	41	
3763	3837	461	454	397	340	282	225	168	112	55	
3838	3912	471	467	410	353	295	238	181	125	68	12
3913	3987	482	480	423	366	308	251	195	138	81	25
3988	4062	493	492	436	379	322	265	208	151	94	38
4063	4137	504	503	449	392	335	278	221	164	107	51
4138	4212	514	514	462	405	348	291	234	177	120	64
4213	4287	525	525	474	419	361	304	247	191	134	78
4288	4362	536	536	485	432	374	317	261	204	147	91
4363	4437	547	546	496	445	388	331	274	217	160	104
4438	4512	557	557	507	456	401	344	287	230	173	117
4513	4587	568	568	517	467	414	357	300	243	186	130
4588	4662	578	579	528	478	427	370	313	257	200	144
4663	4737	589	589	539	489	438	383	327	270	213	157
4738	4812	599	600	550	499	449	396	340	283	226	170
4813	4887	609	611	560	510	459	409	353	296	239	183



Adjusted Gross Monthly Income		Household Size									
From	To and Including	1	2	3	4	5	6	7	8	9	10
4888	4962	619	622	571	521	470	420	366	309	252	196
4963	5037	629	632	582	532	481	431	379	323	266	210
5038	5112	639	643	593	542	492	441	391	336	279	223
5113	5187	650	654	603	553	503	452	402	349	292	236
5188	5262	662	665	614	564	513	463	413	362	305	249
5263	5337	673	675	625	575	524	474	424	374	318	262
5338	5412	684	686	636	585	535	484	434	384	331	275
5413	5487	696	697	646	596	546	495	445	395	345	289
5488	5562	707	708	657	607	556	506	456	406	356	302
5563	5637	719	718	668	618	567	517	467	417	367	315
5638	5712	730	729	679	628	578	527	477	427	377	328
5713	5787	741	740	690	639	589	538	488	438	388	339
5788	5862	753	751	700	650	599	549	499	449	399	350
5863	5937	764	761	711	661	610	560	510	460	410	360
5938	6012	775	772	722	671	621	570	520	471	420	371
6013	6087	787	783	733	682	632	581	531	481	431	382
6088	6162	798	794	743	693	642	592	542	492	442	393
6163	6237	809	804	754	704	653	603	553	503	453	403
6238	6312	821	815	765	714	664	613	564	514	463	414
6313	6387	832	826	776	725	675	624	574	524	474	425
6388	6462	843	837	786	736	685	635	585	535	485	436
6463	6537	855	847	797	747	696	646	596	546	496	446
6538	6612	866	858	808	757	707	657	607	557	506	457
6613	6687	877	869	819	768	718	667	617	567	517	468
6688	6762	889	880	829	779	728	678	628	578	528	479
6763	6837	900	890	840	790	739	689	639	589	539	489
6838	6912	911	901	851	801	750	700	650	600	549	500
6913	6987	923	912	862	811	761	710	660	610	560	511
6988	7062	934	923	872	822	771	721	671	621	571	522
7063	7137	946	933	883	833	782	732	682	632	582	533
7138	7212	957	944	894	844	793	743	693	643	592	543
7213	7287	968	955	905	854	804	753	703	653	603	554
7288	7362	980	966	915	865	814	764	714	664	614	565
7363	7437	991	976	926	876	825	775	725	675	625	576
7438	7512	1002	987	937	887	836	786	736	686	635	586
7513	7587	1014	998	948	897	847	796	746	696	646	597
7588	7662	1025	1009	958	908	857	807	757	707	657	608
7663	7737	1036	1019	969	919	868	818	768	718	668	619
7738	7812	1048	1029	980	930	879	829	779	729	678	629
7813	7887	1059	1039	990	940	890	839	789	739	689	640
7888	7962	1070	1049	1001	951	900	850	800	750	700	651
7963	8037	1082	1060	1011	962	911	861	811	761	711	662
8038	8112	1093	1070	1021	972	922	872	822	772	721	672
8113	8187	1104	1080	1031	983	933	882	832	782	732	683
8188	8262	1116	1090	1042	993	943	893	843	793	743	694
8263	8337	1127	1100	1052	1003	954	904	854	804	754	705
8338	8412	1138	1110	1062	1013	964	915	865	815	764	715
8413	8487	1150	1121	1072	1023	974	925	875	825	775	726
8488	8562	1161	1131	1082	1034	984	936	886	836	786	737
8563	8637	1173	1141	1093	1044	995	946	897	847	797	748
8638	8712	1184	1151	1103	1054	1005	956	908	858	807	758
8713	8787	1195	1161	1113	1064	1015	966	918	868	818	769
8788	8862	1207	1172	1123	1074	1025	976	928	879	829	780
8863	8937	1218	1182	1133	1085	1035	987	938	890	840	791



Adjusted Gross Monthly Income		Household Size									
From	To and Including	1	2	3	4	5	6	7	8	9	10
8938	9012	1229	1192	1143	1095	1045	997	948	900	850	801
9013	9087	1241	1202	1154	1105	1056	1007	959	910	861	812
9088	9162	1252	1212	1164	1115	1066	1017	969	920	872	823
9163	9237	1264	1223	1174	1125	1076	1028	979	931	882	834
9238	9312	1275	1233	1184	1135	1086	1038	989	941	892	844
9313	9387	1286	1243	1194	1146	1096	1048	999	951	902	855
9388	9462	1298	1253	1205	1156	1107	1058	1010	961	912	865
9463	9537	1309	1263	1215	1166	1117	1068	1020	971	923	875
9538	9612	1320	1274	1225	1176	1127	1078	1030	981	933	885
9613	9687	1332	1284	1235	1186	1137	1089	1040	992	943	895
9688	9762	1343	1294	1245	1197	1147	1099	1050	1002	953	906
9763	9837	1354	1304	1256	1207	1158	1109	1061	1012	964	916
9838	9912	1366	1314	1266	1217	1168	1119	1071	1022	974	926
9913	9987	1377	1325	1276	1227	1178	1129	1081	1032	984	936
9988	10062	1388	1335	1286	1237	1188	1140	1091	1043	994	946
10063	10137	1400	1345	1296	1248	1198	1150	1101	1053	1004	957
10138	10212	1411	1355	1306	1258	1208	1160	1111	1063	1014	967
10213	10287	1421	1366	1317	1269	1220	1171	1123	1074	1025	978
10288	10362	1431	1378	1329	1280	1231	1182	1134	1085	1037	989
10363	10437	1442	1389	1340	1292	1242	1194	1145	1097	1048	1001
10438	10512	1452	1400	1351	1303	1254	1205	1157	1108	1059	1012
10513	10587	1463	1412	1363	1314	1265	1216	1168	1119	1071	1023
10588	10662	1473	1423	1374	1326	1276	1228	1179	1131	1082	1035
10663	10737	1484	1434	1386	1337	1288	1239	1191	1142	1094	1046
10738	10812	1494	1446	1397	1348	1299	1250	1202	1153	1105	1057
10813	10887	1504	1457	1408	1360	1310	1262	1213	1165	1116	1069
10888	10962	1515	1468	1420	1371	1322	1273	1225	1176	1128	1080
10963	11037	1525	1480	1431	1382	1333	1285	1236	1188	1139	1091
11038	11112	1536	1491	1442	1394	1344	1296	1247	1199	1150	1103
11113	11187	1546	1502	1454	1405	1356	1307	1259	1210	1162	1114
11188	11262	1556	1514	1465	1416	1367	1319	1270	1222	1173	1125
11263	11337	1567	1525	1477	1428	1379	1330	1282	1233	1184	1137
11338	11412	1577	1536	1488	1439	1390	1341	1293	1244	1196	1148
11413	11487	1588	1548	1499	1450	1401	1353	1304	1256	1207	1159
11488	11562	1598	1559	1511	1462	1413	1364	1316	1267	1218	1171
11563	11637	1609	1571	1522	1473	1424	1375	1327	1279	1230	1182
11638	11712	1619	1582	1533	1484	1435	1387	1338	1290	1241	1193
11713	11787	1629	1593	1545	1496	1447	1398	1350	1301	1252	1205
11788	11862	1641	1606	1557	1509	1459	1411	1362	1314	1265	1217
11863	11937	1650	1616	1567	1519	1470	1421	1372	1324	1275	1228
11938	12012	1660	1627	1579	1530	1481	1432	1384	1335	1286	1239
12013	12087	1671	1639	1590	1541	1492	1443	1395	1347	1298	1250
12088	12162	1681	1650	1601	1553	1504	1455	1406	1358	1309	1262
12163	12237	1692	1661	1613	1564	1515	1466	1418	1369	1321	1273
12238	12312	1702	1673	1624	1575	1526	1477	1429	1381	1332	1284
12313	12387	1713	1684	1635	1587	1538	1489	1440	1392	1343	1296
12388	12462	1723	1695	1647	1598	1549	1500	1452	1403	1355	1307
12463	12537	1734	1707	1658	1610	1560	1512	1463	1415	1366	1318
12538	12612	1744	1718	1669	1621	1571	1523	1474	1426	1377	1330
12613	12687	1754	1729	1681	1632	1583	1534	1486	1437	1389	1341
12688	12762	1765	1741	1692	1644	1594	1546	1497	1449	1400	1352
12763	12837	1775	1751	1704	1655	1606	1557	1509	1460	1412	1364
12838	12912	1785	1762	1715	1666	1617	1568	1520	1471	1423	1375
12913	12987	1796	1772	1726	1678	1628	1580	1531	1483	1434	1386
12988	13062	1806	1783	1736	1689	1644	1591	1543	1494	1446	1398





Adjusted Gross Monthly Income		Household Size									
From	To and Including	1	2	3	4	5	6	7	8	9	10
13063	13137	1817	1793	1747	1700	1651	1602	1554	1506	1457	1409
13138	13212	1827	1803	1757	1711	1662	1614	1565	1517	1468	1420
13213	13287	1838	1814	1768	1722	1674	1625	1577	1528	1480	1432
13288	13362	1848	1824	1778	1732	1685	1636	1588	1540	1491	1443
13363	13437	1859	1835	1789	1743	1696	1648	1599	1551	1502	1455
13438	13512	1869	1845	1799	1753	1706	1659	1611	1562	1514	1466
13513	13587	1879	1855	1809	1763	1717	1670	1622	1574	1525	1477
13588	13662	1890	1866	1820	1774	1727	1681	1633	1585	1536	1489
13663	13737	1900	1876	1830	1784	1738	1692	1645	1596	1548	1500
13738	13812	1910	1887	1840	1794	1748	1702	1656	1608	1559	1511
13813	13887	1921	1897	1851	1805	1758	1712	1666	1619	1570	1523
13888	13962	1931	1908	1861	1815	1769	1723	1677	1630	1582	1534
13963	14037	1942	1918	1872	1826	1779	1733	1687	1642	1593	1545
14038	14112	1952	1928	1882	1836	1789	1743	1698	1652	1604	1557
14113	14187	1963	1939	1893	1847	1800	1754	1708	1662	1616	1568
14188	14262	1973	1949	1903	1857	1810	1764	1719	1673	1627	1579
14263	14337	1984	1960	1914	1867	1821	1775	1729	1683	1637	1591
14338	14412	1994	1970	1924	1878	1831	1785	1739	1693	1647	1602
14413	14487	2004	1980	1934	1888	1842	1796	1750	1704	1658	1613
14488	14562	2015	1991	1945	1899	1852	1806	1760	1714	1668	1623
14563	14637	2025	2001	1955	1909	1863	1816	1771	1725	1679	1634
14638	14712	2035	2012	1965	1919	1873	1827	1781	1735	1689	1644
14713	14787	2046	2022	1976	1930	1883	1837	1791	1746	1699	1654
14788	14862	2056	2032	1986	1940	1894	1848	1802	1756	1710	1665
14863	14937	2067	2043	1997	1951	1904	1858	1812	1766	1720	1675
14938	15012	2077	2053	2007	1961	1914	1868	1823	1777	1731	1686
15013	15087	2088	2064	2018	1972	1925	1879	1833	1787	1741	1696
15088	15162	2097	2073	2027	1981	1934	1888	1843	1797	1751	1706
15163	15237	2109	2085	2039	1992	1946	1900	1854	1808	1762	1717
15238	15312	2119	2095	2049	2003	1956	1910	1864	1818	1772	1727
15313	15387	2129	2105	2059	2013	1967	1921	1875	1829	1783	1738
15388	15462	2140	2116	2070	2024	1977	1931	1885	1839	1793	1748
15463	15537	2150	2126	2080	2034	1988	1941	1896	1850	1804	1759
15538	15612	2160	2137	2090	2044	1998	1952	1906	1860	1814	1769
15613	15687	2171	2147	2101	2055	2008	1962	1916	1871	1824	1779
15688	15762	2181	2157	2111	2065	2019	1973	1927	1881	1835	1790
15763	15837	2192	2168	2122	2076	2029	1983	1937	1891	1845	1800
15838	15912	2202	2178	2132	2086	2039	1993	1948	1902	1856	1811
15913	15987	2213	2189	2143	2097	2050	2004	1958	1912	1866	1821
15988	16062	2223	2199	2153	2107	2060	2014	1968	1923	1877	1832
16063	16137	2234	2210	2164	2117	2071	2025	1979	1933	1887	1842
16138	16212	2244	2220	2174	2128	2081	2035	1989	1943	1897	1852
16213	16287	2254	2230	2184	2138	2092	2046	2000	1954	1908	1863
16288	16362	2265	2241	2195	2149	2102	2056	2010	1964	1918	1873
16363	16437	2275	2251	2205	2159	2113	2066	2021	1975	1929	1884
16438	16512	2285	2262	2215	2169	2123	2077	2031	1985	1939	1894
16513	16587	2296	2272	2226	2180	2133	2087	2041	1996	1949	1904
16588	16662	2306	2282	2236	2190	2144	2098	2052	2006	1960	1915
16663	16737	2317	2293	2247	2201	2154	2108	2062	2016	1970	1925
16738	16812	2327	2303	2257	2211	2164	2118	2073	2027	1981	1936
16813	16887	2338	2314	2268	2221	2175	2129	2083	2037	1991	1946
16888	16962	2348	2324	2278	2232	2185	2139	2093	2048	2002	1956
16963	17037	2359	2335	2289	2242	2196	2150	2104	2058	2012	1967
17038	17112	2369	2345	2299	2253	2206	2160	2114	2068	2022	1977
17113	17187	2379	2355	2309	2263	2217	2170	2125	2079	2033	1988
17188	17262	2390	2366	2320	2274	2227	2181	2135	2089	2043	1998
17263	17337	2400	2376	2330	2284	2238	2191	2146	2100	2054	2009
17338	17412	2410	2387	2340	2294	2248	2202	2156	2110	2064	2019
17413	17487	2421	2397	2351	2305	2258	2212	2166	2121	2074	2029
17488	17562	2431	2407	2361	2315	2269	2223	2177	2131	2085	2040
17563	17637	2442	2418	2372	2326	2279	2233	2187	2141	2095	2050



Adjusted Gross Monthly Income		Household Size									
From	To and Including	1	2	3	4	5	6	7	8	9	10
17638	17712	2452	2428	2382	2336	2289	2243	2198	2152	2106	2061
17713	17787	2463	2439	2393	2346	2300	2254	2208	2162	2116	2071
17788	17862	2473	2449	2403	2357	2310	2264	2218	2173	2127	2081
17863	17937	2484	2460	2414	2367	2321	2275	2229	2183	2137	2092
17938	18012	2494	2470	2424	2378	2331	2285	2239	2193	2147	2102
18013	18087	2504	2480	2434	2388	2342	2295	2250	2204	2158	2113
18088	18162	2515	2491	2445	2399	2352	2306	2260	2214	2168	2123
18163	18237	2525	2501	2455	2409	2363	2316	2271	2225	2179	2134
18238	18312	2535	2511	2465	2419	2373	2327	2281	2235	2189	2144
18313	18387	2546	2522	2476	2430	2383	2337	2291	2245	2199	2154
18388	18462	2556	2532	2486	2440	2394	2348	2302	2256	2210	2165
18463	18537	2567	2543	2497	2451	2404	2358	2312	2266	2220	2175
18538	18612	2577	2553	2507	2461	2414	2368	2323	2277	2231	2186
18613	18687	2588	2564	2518	2471	2425	2379	2333	2287	2241	2196
18688	18762	2598	2574	2528	2482	2435	2389	2343	2298	2252	2206
18763	18837	2608	2585	2539	2492	2446	2400	2354	2308	2262	2217
18838	18912	2619	2595	2549	2503	2456	2410	2364	2318	2272	2227
18913	18987	2629	2605	2559	2513	2467	2420	2375	2329	2283	2238
18988	19062	2640	2616	2570	2524	2477	2431	2385	2339	2293	2248
19063	19137	2650	2626	2580	2534	2488	2441	2396	2350	2304	2259
19138	19212	2660	2636	2590	2544	2498	2452	2406	2360	2314	2269
19213	19287	2671	2647	2601	2555	2508	2462	2416	2370	2324	2279
19288	19362	2681	2657	2611	2565	2519	2473	2427	2381	2335	2290
19363	19437	2692	2668	2622	2576	2529	2483	2437	2391	2345	2300
19438	19512	2702	2678	2632	2586	2539	2493	2447	2402	2356	2311
19513	19587	2713	2689	2643	2596	2550	2504	2458	2412	2366	2321
19588	19662	2723	2699	2653	2607	2560	2514	2468	2423	2377	2331
19663	19737	2733	2710	2663	2617	2571	2525	2479	2433	2387	2342
19738	19812	2744	2720	2674	2628	2581	2535	2489	2443	2397	2352
19813	19887	2754	2730	2684	2638	2592	2545	2500	2454	2408	2363
19888	19962	2765	2741	2695	2649	2602	2556	2510	2464	2418	2373
19963	20037	2775	2751	2705	2659	2612	2566	2521	2475	2429	2384
20038	20112	2785	2761	2715	2669	2623	2577	2531	2485	2439	2394
20113	20187	2796	2772	2726	2680	2633	2587	2541	2495	2449	2404
20188	20262	2806	2782	2736	2690	2644	2598	2552	2506	2460	2415
20263	20337	2817	2793	2747	2701	2654	2608	2562	2516	2470	2425
20338	20412	2827	2803	2757	2711	2664	2618	2572	2527	2481	2435
20413	20487	2838	2814	2768	2721	2675	2629	2583	2537	2491	2446
20488	20562	2848	2824	2778	2732	2685	2639	2593	2548	2502	2456
20563	20637	2858	2835	2788	2742	2696	2650	2604	2558	2512	2467
20638	20712	2869	2845	2799	2753	2706	2660	2614	2568	2522	2477
20713	20787	2879	2855	2809	2763	2717	2670	2625	2579	2533	2488
20788	20862	2890	2866	2820	2774	2727	2681	2635	2589	2543	2498
20863	20937	2900	2876	2830	2784	2737	2691	2646	2600	2554	2509



**9 CSR 10-31.012 State Income Tax Refund Intercept Hearing Procedure**

*PURPOSE: This rule prescribes a hearing procedure for taxpayers who protest, in writing, the application of their state income tax refunds to debts owed to the Department of Mental Health.*

(1) If a taxpayer does not request a hearing, in writing, within thirty (30) days of the receipt of the Notice of Mental Health Debt Offset from the Department of Revenue, then—

A) The taxpayer is forever barred from asserting a defense to the application of the tax refund to a debt owed to the Department of Mental Health; and

(B) The state income tax refund shall be applied as an offset to the debt owed to the Department of Mental Health.

(2) A request for a hearing shall be denied when the request for the hearing—

(A) Is not within thirty (30) days of the receipt of the Notice of Mental Health Debt Offset from the Department of Revenue;

(B) Is not in writing;

(C) Raises issues only which have been previously litigated; and

(D) Does not raise any factual issues on the amount of the debt or the responsibility for the debt.

(3) A taxpayer's intercepted state income tax refund shall be relinquished to the taxpayer when the taxpayer asserts and proves any of the following defenses:

(A) The debt is for a child under age eighteen (18) and the taxpayer is not the natural or adoptive parent;

(B) The debt is for a debtor spouse and the taxpayer was not married to the debtor spouse at the time the debt was incurred;

(C) The debt is outlawed by the statute of limitations;

(D) The debt is barred from collection by a United States bankruptcy court;

(E) The taxpayer was erroneously identified as the debtor because of a mistake in the Social Security number; and

(F) Any other valid defense in fact or law appropriate for consideration.

(4) In the case of a joint or combined return, the taxpayer named in the return against whom no debt is claimed must file with the Department of Mental Health for an apportionment of the refund within thirty (30) days of the date of receipt of the Notice of Intent

to Offset. The Department of Mental Health shall mail to the taxpayer a determination of apportionment within ninety (90) days after the filing of the taxpayer's application for apportionment of the refund. The department's decision on apportionment shall be final upon the expiration of thirty (30) days from the date on which the determination of apportionment is mailed, unless within the thirty (30)-day period from the mailing date of the determination, the taxpayer applies to the Department of Mental Health for a hearing with the Department of Mental Health on the issue of apportionment. The hearing shall be conducted by the director or his/her designee.

(5) An evidentiary hearing shall be scheduled when the amount of the debt or the responsibility for the debt can not be resolved, except by a hearing. If an evidentiary hearing is required, the Department of Mental Health shall set the time and place for the hearing. Failure of the taxpayer to appear at the time and place scheduled for the hearing shall be deemed an acknowledgement of the debt by the taxpayer and shall result in debt offset. The hearing, if held, shall be conducted in accordance with the provisions of Chapter 536, RSMo.

*AUTHORITY: sections 143.787 and 630.050, RSMo 1986.\* Original rule filed April 26, 1991, effective Sept. 30, 1991.*

*\*Original authority: 143.787, RSMo 1982 and 630.050, RSMo 1980.*

**9 CSR 10-31.014 Waiver of Standard Means Test for Children in Need of Mental Health Services**

*PURPOSE: This rule implements a revision to section 630.210, RSMo requiring the department to promulgate a rule waiving the Standard Means Test for a child in need of mental health services.*

(1) Definitions.

(A) The terms defined in 9 CSR 10-31.011 Standard Means Test are incorporated by reference as though set out in this rule.

(B) A "child in need of mental health services," as used in this rule, is any child who qualifies to receive services from the Department of Mental Health under Chapters 630, 631, 632 or 633, RSMo.

(2) Request for Waiver. At the time of initial application of the Standard Means Test

(SMT) for a child in need of mental health services, and at the time of any subsequent reapplication, the provider shall inform the financially responsible person that the SMT may be waived.

(A) The provider shall make available to the financially responsible person information on how to submit a request for SMT waiver.

(B) The financially responsible person shall submit the request in writing to the department director, with a copy to the provider.

(C) For the initial waiver request made on behalf of a child, the provider shall not charge the monthly rate as determined by application of the SMT for services provided during any month in which the request is under review or appeal. This provision applies only to the first waiver request made on behalf of the child.

(D) A waiver may be approved, or approved with conditions, for up to one (1) year. It is the responsibility of the financially responsible person to notify the provider of any significant change in financial status. A waiver may be reevaluated at the initiative of the department director due to any significant change in financial status.

(3) Review of Request for Waiver. Upon receipt of a request for SMT waiver the department director shall designate an individual or individuals to review the request. The designee or designees shall approve, approve with conditions, or deny the request within seven (7) working days of receipt of the written request. The designee or designees shall provide notice of the decision to the requestor by certified mail with copy to the provider.

(4) Consideration of Request. In making the decision to approve, approve with conditions, or deny the request, the designee or designees will consider information presented by the requestor. The requestor may, but is not required to, include information regarding one or more of the items listed below, or any other information in support of their request:

(A) The recommendation of the local care team, or other designated local or regional children's mental health authority that waiving the SMT will contribute to the therapeutic needs of the child by allowing the child to remain in the custody of the parent or custodian;

(B) History of the child being in state custody due exclusively to the need for mental health services;



(C) Statement from the financially responsible person that their primary motivation for requesting the waiver is to avoid loss of custody because they are unable to pay the monthly amount as determined by application of the Standard Means Test;

(D) Past efforts of the financially responsible person to obtain needed medical care, and expenses incurred by the financially responsible person for the treatment of the mental health condition or for the physical health of the child necessitated by the onset of the mental health condition;

(E) The parent or custodian's history of insurance benefits expended for physical and mental health treatment of the child and their current attempts to obtain commercial or government-sponsored insurance coverage; and

(F) The parent or custodian's overall wherewithal to pay for the child's mental health treatment needs at the time of requesting the waiver, including gross income, medical expenses, assets, liabilities, and financial responsibility for other dependents in the home.

(5) Denial of Request. A request for waiver shall be denied when the request for waiver—

(A) Is not submitted in writing;

(B) Does not raise factual issues sufficient to show that inappropriate transfer of custody to the Children's Division is likely to occur absent the waiver; or

(C) Does not present persuasive, factual evidence that the financially responsible person cannot afford to pay the monthly amount required by the application of the Standard Means Test.

(6) Appeal of Denial. Within seven (7) working days of receipt of notice of approval with conditions or denial of a request, the financially responsible person may appeal the approval with conditions or denial in writing to the department director, with copy to the provider.

(7) Review of Appeal. Within seven (7) working days of receipt of the written appeal, and upon completion of review, the department director shall issue a decision which may alter the approval with conditions or denial. The department director shall provide notice of the decision by certified mail to the financially responsible person with copy to the provider. The decision of the department director shall be the final decision of the department.

*AUTHORITY: sections 630.050, RSMo 2000 and 630.210, RSMo Supp. 2004.\* Emergency rule filed Sept. 2, 2004, effective Sept. 15,*

*2004, expired March 13, 2005. Original rule filed Sept. 2, 2004, effective March 30, 2005.*

*\*Original authority: 630.050, RSMo 1980, amended 1993, 1995 and 630.210, RSMo 1980, amended 1981, 1982, 1993, 2004.*

### 9 CSR 10-31.016 Determining State of Domicile

*PURPOSE: This rule prescribes department procedures for determining the domiciliary state of any patient resident or client receiving services from a facility, program or service operated or funded by the department as required by section 630.210, RSMo.*

(1) A person domiciled in Missouri is one who resided in Missouri not for a mere special or temporary purpose, but with intent to remain in Missouri permanently or for an indefinite time which may be demonstrated, but not necessarily determined by—ownership of a residence in Missouri, filing of a Missouri state income tax return, voter registration in Missouri, registration of a motor vehicle in Missouri, employment in Missouri or the receipt of public assistance from Missouri.

(2) A person and a person's dependents are domiciled in Missouri when the person is a member of the armed services and stationed in Missouri. Domicile shall continue to be conferred upon dependents of a member, if they remain in Missouri, after the member of the armed services is transferred from Missouri.

(3) A person is considered incapable of forming intent to be domiciled in Missouri when—

(A) The person is under age eighteen (18) and not emancipated;

(B) The person's Intelligence Quotient (IQ) is forty-nine (49) or less, or has a mental age of seven (7) or less based on tests administered by the Division of Mental Retardation and Developmental Disabilities;

(C) The person is declared legally incapacitated as defined in section 475.010, RSMo; or

(D) Medical documentation or other documentation acceptable to the department supports a finding that the person is incapable of forming intent to be domiciled in Missouri.

(4) If a person is determined under section (3) of this rule to be incapable of forming intent to be domiciled in Missouri, then the state of domicile shall be—

(A) The domicile of the parents of a minor under age eighteen (18) if the minor is not emancipated and parental rights have not been terminated;

(B) The state appointing a guardian for a minor under age eighteen (18) when the parents are deceased or parental rights have been terminated;

(C) The state in which the person is living at the time the person becomes incapable of forming intent when incapability occurs at or after age eighteen (18); or

(D) The state in which the parents or legal guardian reside when incapacity to form intent of the person aged eighteen (18) and older occurs prior to the person's eighteenth birthday.

(5) Domiciliary status shall not be conferred on persons placed in institutions in Missouri by another state.

(6) Missouri is not the state of domicile when the person—

(A) Removes him/herself and his/her personal effects from Missouri with an intent to establish domicile elsewhere;

(B) Accepts employment, other than on a temporary basis, in another state and does not retain a residence in Missouri;

(C) Accepts public assistance from another state;

(D) Becomes a registered voter in another state;

(E) Renounces Missouri as his/her state of domicile;

(F) Licenses his/her motor vehicle in another state; or

(G) Performs any other act which indicates intent to abandon Missouri as state of domicile.

*AUTHORITY: sections 630.050 and 630.120, RSMo 1986.\* Original rule filed Nov. 22, 1983, effective April 15, 1984. Amended: Filed Dec. 4, 1990, effective April 29, 1991.*

*\*Original authority: 630.050, RSMo 1980 and 630.120, RSMo 1980.*

### 9 CSR 10-31.020 Determination of the Charges for Outpatient Services Provided or Procured

(Rescinded January 1, 1982)

*AUTHORITY: section 202.330, RSMo Supp. 1980. Original rule filed June 16, 1977, effective Oct. 13, 1977. Rescinded: Filed Aug. 13, 1981, effective Jan. 1, 1982.*

**9 CSR 10-31.030 Intermediate Care Facility for the Mentally Retarded Federal Reimbursement Allowance**

*PURPOSE: This rule establishes the formula to determine the Federal Reimbursement Allowance for each Intermediate Care Facility for the Mentally Retarded (ICF/MR) operated primarily for the care and treatment of mental retardation/developmental disabilities. This rule applies to both private ICF/MRs and ICF/MR facilities operated by the Department of Mental Health and requires these facilities to pay for the privilege of engaging in the business of providing ICF/MR services to individuals in Missouri.*

(1) The following words and terms, as used in this rule, mean:

(A) Base cost report. MO HealthNet cost report for the second prior fiscal year relative to the State Fiscal Year (SFY) for which the assessment is being calculated. (For example, the SFY 2009 Federal Reimbursement Allowance (FRA) assessment will be determined using the ICF/MR cost report from FY 2007.)

(B) Department. Department of Mental Health.

(C) Director. Director of the Department of Mental Health.

(D) Division. Division of Mental Retardation/Developmental Disabilities, Department of Mental Health.

(E) Engaging in the business of providing residential habilitation care. Accepting payment for ICF/MR services rendered.

(F) Fiscal period. Twelve (12)-month reporting period determined by the State Fiscal Year.

(G) Intermediate Care Facility for the Mentally Retarded (ICF/MR). A private or department facility that admits persons who are mentally retarded or developmentally disabled for residential habilitation and other services pursuant to Chapter 630, RSMo, and that has been certified to meet the conditions of participation under 42 CFR 483, Subpart I.

(H) Intermediate Care Facility for the Mentally Retarded Federal Reimbursement Allowance (ICF/MRFRA). The assessment paid by each ICF/MR.

(I) Net revenues. Gross revenues less bad debts, less charity care, and less contractual allowances.

(J) Trend factor. Centers for Medicare and Medicaid Services (CMS) Prospective Payment System Skilled Nursing Facility Input Price Index (SNF IPI) four (4) quarter mov-

ing average (Source: GLOBAL INSIGHT, INC, 4th Qtr, 2007) (4 Quarter Moving Average Percent Changes in the CMS Prospective Payment System Skilled Nursing Facility Input Price Index (SNF IPI) using Forecast Assumptions, by Expense Category: 1990-2017).

(2) Each ICF/MR operated primarily for the care and treatment of mental retardation/developmental disabilities engaging in the business of providing residential habilitation and other services in Missouri shall pay an ICF/MRFRA. The ICF/MRFRA shall be calculated by the department as follows:

(A) Beginning on July 1, 2008, and each year thereafter, the ICF/MRFRA annual assessment shall be five and forty-nine hundredths percent (5.49%) of the ICF/MR's net revenues determined from the base cost report relative to the State Fiscal Year for which the assessment is being calculated. The cost report shall be trended forward from the second prior year to the current fiscal year by applying the SNF IPI trend factor for each year under the ICF/MRFRA calculation;

(B) The annual assessment shall be divided into twelve (12) equal amounts and collected over the number of months the assessment is effective. The assessment is made payable to the director of the Department of Revenue to be deposited in the state treasury in the ICF/MRFRA Fund;

(C) If the assessment amount determined using the second prior year cost report trended forward for the same year is greater than the actual assessment maximum amount (5.5 percent of revenues) on the current year ICF/MR provider tax revenues in the aggregate, then the department will offset the tax collections for the next year by each provider's pro-rata share of the difference between the amount of the tax as determined in subsection (2)(A) of 9 CSR 10-31.030 and the actual SFY amount determined from the current year ICF/MR cost report;

(D) If an ICF/MR does not have a base cost report, net revenues shall be estimated as follows:

1. Net revenues shall be determined by computation of the ICF/MR's projected annual patient days multiplied by its interim established per diem rate; and

(E) The ICF/MRFRA assessment for ICF/MRs that merge operation under one (1) MO HealthNet provider number shall be determined as follows:

1. The previously determined ICF/MRFRA assessment for each ICF/MR

shall be combined under the active MO HealthNet provider number for the remainder of the State Fiscal Year after the division receives official notification of the merger; and

2. The ICF/MRFRA assessment for subsequent fiscal years shall be based on the combined data for both facilities.

(3) The department shall prepare a notification schedule of the information from each ICF/MR's second prior year cost report and provide each ICF/MR with this schedule.

(A) The schedule shall include:

1. Provider name;
2. Provider number;
3. Fiscal period;
4. Total number of licensed beds;
5. Total bed days;
6. Net revenues; and

7. Total amount of the assessment for the State Fiscal Year for which the assessment is being calculated and monthly assessment amount due each month.

(B) Each ICF/MR required to pay the ICF/MRFRA shall review this information, and if it is not correct, the ICF/MR must notify the department of such within fifteen (15) days of receipt of the notification schedule. If the ICF/MR fails to submit the corrected data within the fifteen (15)-day time period, the ICF/MR shall be barred from submitting corrected data later to have its ICF/MRFRA assessment adjusted.

(4) Payment of ICF/MRFRA Assessment.

(A) Each ICF/MR may request that its ICF/MRFRA be offset against any MO HealthNet payment due. A statement authorizing the offset must be on file with the MO HealthNet Division before any offset may be made relative to the ICF/MRFRA. Any balance due after the offset shall be remitted by the ICF/MR to the department. The remittance shall be made payable to the director of the Department of Revenue. If the remittance is not received before the next MO HealthNet payment cycle, the MO HealthNet Division shall offset the balance due from that check.

(B) If no offset has been authorized by the ICF/MR, the MO HealthNet Division will begin collecting the ICF/MRFRA on the first day of each month. The ICF/MRFRA shall be remitted by the ICF/MR facility to the MO HealthNet Division. The remittance shall be made payable to the director of the Department of Revenue and deposited in the state treasury to the credit of the ICF/MRFRA Fund.

(C) If the ICF/MR is delinquent in the



payment of its ICF/MRFRA assessment, the director of the Department of Social Services shall withhold and remit to the Department of Revenue an amount equal to the assessment from any payment made by the MO Health-Net Division to the ICF/MR provider.

*AUTHORITY: sections 630.050 and 633.401, HCS for SCS for Senate Bill 1081, Second Regular Session, Ninety-fourth General Assembly.\* Emergency rule filed July 1, 2008, effective July 11, 2008, expired Dec. 28, 2008. Original rule filed July 1, 2008, effective Feb. 28, 2009.*

*Original authority: 630.050, RSMo 1980, amended 1993, 2008 and 633.401, RSMo 2008.*