

FIRST REGULAR SESSION

# HOUSE BILL NO. 459

## 92ND GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVES BEAN, CAMPBELL, HOLLAND, JOHNSON (61),  
RIBACK WILSON (25), DONNELLY (Co-sponsors), FRASER AND KINGERY.

Read 1<sup>st</sup> time February 13, 2003, and copies ordered printed.

STEPHEN S. DAVIS, Chief Clerk

1619L.021

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### AN ACT

To repeal sections 208.152, 208.204, and 211.181, RSMo, and to enact in lieu thereof four new sections relating to a children's mental health service system, with a penalty provision.

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*Be it enacted by the General Assembly of the state of Missouri, as follows:*

Section A. Sections 208.152, 208.204, and 211.181, RSMo, are repealed and four new  
2 sections enacted in lieu thereof, to be known as sections 208.152, 208.204, 211.181, and  
3 630.097, to read as follows:

208.152. 1. Benefit payments for medical assistance shall be made on behalf of those  
2 eligible needy persons who are unable to provide for it in whole or in part, with any payments  
3 to be made on the basis of the reasonable cost of the care or reasonable charge for the services  
4 as defined and determined by the division of medical services, unless otherwise hereinafter  
5 provided, for the following:

6 (1) Inpatient hospital services, except to persons in an institution for mental diseases who  
7 are under the age of sixty-five years and over the age of twenty-one years; provided that the  
8 division of medical services shall provide through rule and regulation an exception process for  
9 coverage of inpatient costs in those cases requiring treatment beyond the seventy-fifth percentile  
10 professional activities study (PAS) or the Medicaid children's diagnosis length-of-stay schedule;  
11 and provided further that the division of medical services shall take into account through its  
12 payment system for hospital services the situation of hospitals which serve a disproportionate  
13 number of low-income patients;

14 (2) All outpatient hospital services, payments therefor to be in amounts which represent

**EXPLANATION — Matter enclosed in bold faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law. Matter in boldface type in the above law is new proposed language.**

15 no more than eighty percent of the lesser of reasonable costs or customary charges for such  
16 services, determined in accordance with the principles set forth in Title XVIII A and B, Public  
17 Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. 301, et seq.), but the  
18 division of medical services may evaluate outpatient hospital services rendered under this section  
19 and deny payment for services which are determined by the division of medical services not to  
20 be medically necessary, in accordance with federal law and regulations;

21 (3) Laboratory and X-ray services;

22 (4) Nursing home services for recipients, except to persons in an institution for mental  
23 diseases who are under the age of sixty-five years, when residing in a hospital licensed by the  
24 department of health and senior services or a nursing home licensed by the division of aging or  
25 appropriate licensing authority of other states or government-owned and -operated institutions  
26 which are determined to conform to standards equivalent to licensing requirements in Title XIX,  
27 of the federal Social Security Act (42 U.S.C. 301, et seq.), as amended, for nursing facilities.  
28 The division of medical services may recognize through its payment methodology for nursing  
29 facilities those nursing facilities which serve a high volume of Medicaid patients. The division  
30 of medical services when determining the amount of the benefit payments to be made on behalf  
31 of persons under the age of twenty-one in a nursing facility may consider nursing facilities  
32 furnishing care to persons under the age of twenty-one as a classification separate from other  
33 nursing facilities;

34 (5) Nursing home costs for recipients of benefit payments under subdivision (4) of this  
35 section for those days, which shall not exceed twelve per any period of six consecutive months,  
36 during which the recipient is on a temporary leave of absence from the hospital or nursing home,  
37 provided that no such recipient shall be allowed a temporary leave of absence unless it is  
38 specifically provided for in his plan of care. As used in this subdivision, the term "temporary  
39 leave of absence" shall include all periods of time during which a recipient is away from the  
40 hospital or nursing home overnight because he is visiting a friend or relative;

41 (6) Physicians' services, whether furnished in the office, home, hospital, nursing home,  
42 or elsewhere;

43 (7) Dental services;

44 (8) Services of podiatrists as defined in section 330.010, RSMo;

45 (9) Drugs and medicines when prescribed by a licensed physician, dentist, or podiatrist;

46 (10) Emergency ambulance services and, effective January 1, 1990, medically necessary  
47 transportation to scheduled, physician-prescribed nonelective treatments. The department of  
48 social services may conduct demonstration projects related to the provision of medically  
49 necessary transportation to recipients of medical assistance under this chapter. Such  
50 demonstration projects shall be funded only by appropriations made for the purpose of such

51 demonstration projects. If funds are appropriated for such demonstration projects, the  
52 department shall submit to the general assembly a report on the significant aspects and results  
53 of such demonstration projects;

54 (11) Early and periodic screening and diagnosis of individuals who are under the age of  
55 twenty-one to ascertain their physical or mental defects, and health care, treatment, and other  
56 measures to correct or ameliorate defects and chronic conditions discovered thereby. Such  
57 services shall be provided in accordance with the provisions of section 6403 of P.L.53 101-239  
58 and federal regulations promulgated thereunder;

59 (12) Home health care services;

60 (13) Optometric services as defined in section 336.010, RSMo;

61 (14) Family planning as defined by federal rules and regulations; provided, however, that  
62 such family planning services shall not include abortions unless such abortions are certified in  
63 writing by a physician to the Medicaid agency that, in his professional judgment, the life of the  
64 mother would be endangered if the fetus were carried to term;

65 (15) Orthopedic devices or other prosthetics, including eye glasses, dentures, hearing  
66 aids, and wheelchairs;

67 (16) Inpatient psychiatric hospital services for individuals under age twenty-one as  
68 defined in Title XIX of the federal Social Security Act (42 U.S.C. 1396d, et seq.);

69 (17) Outpatient surgical procedures, including presurgical diagnostic services performed  
70 in ambulatory surgical facilities which are licensed by the department of health and senior  
71 services of the state of Missouri; except, that such outpatient surgical services shall not include  
72 persons who are eligible for coverage under Part B of Title XVIII, Public Law 89-97, 1965  
73 amendments to the federal Social Security Act, as amended, if exclusion of such persons is  
74 permitted under Title XIX, Public Law 89-97, 1965 amendments to the federal Social Security  
75 Act, as amended;

76 (18) Personal care services which are medically oriented tasks having to do with a  
77 person's physical requirements, as opposed to housekeeping requirements, which enable a person  
78 to be treated by his physician on an outpatient, rather than on an inpatient or residential basis in  
79 a hospital, intermediate care facility, or skilled nursing facility. Personal care services shall be  
80 rendered by an individual not a member of the recipient's family who is qualified to provide such  
81 services where the services are prescribed by a physician in accordance with a plan of treatment  
82 and are supervised by a licensed nurse. Persons eligible to receive personal care services shall  
83 be those persons who would otherwise require placement in a hospital, intermediate care facility,  
84 or skilled nursing facility. Benefits payable for personal care services shall not exceed for any  
85 one recipient one hundred percent of the average statewide charge for care and treatment in an  
86 intermediate care facility for a comparable period of time;

87 (19) Mental health services. The state plan for providing medical assistance under Title  
88 XIX of the Social Security Act, 42 U.S.C. 301, as amended, shall include the following mental  
89 health services when such services are provided by community mental health facilities operated  
90 by the department of mental health or designated by the department of mental health as a  
91 community mental health facility or as an alcohol and drug abuse facility, **or as an eligible**  
92 **system of care provider.**

93 (a) The department of mental health shall establish by administrative rule the definition  
94 and criteria for designation as a community mental health facility and for designation as an  
95 alcohol and drug abuse facility. Such mental health services shall include:

96 [(a)] a. Outpatient mental health services including preventive, diagnostic, therapeutic,  
97 rehabilitative, and palliative interventions rendered to individuals in an individual or group  
98 setting by a mental health professional in accordance with a plan of treatment appropriately  
99 established, implemented, monitored, and revised under the auspices of a therapeutic team as a  
100 part of client services management;

101 [(b)] b. Clinic mental health services including preventive, diagnostic, therapeutic,  
102 rehabilitative, and palliative interventions rendered to individuals in an individual or group  
103 setting by a mental health professional in accordance with a plan of treatment appropriately  
104 established, implemented, monitored, and revised under the auspices of a therapeutic team as a  
105 part of client services management;

106 [(c)] c. Rehabilitative mental health and alcohol and drug abuse services including  
107 preventive, diagnostic, therapeutic, rehabilitative, and palliative interventions rendered to  
108 individuals in an individual or group setting by a mental health or alcohol and drug abuse  
109 professional in accordance with a plan of treatment appropriately established, implemented,  
110 monitored, and revised under the auspices of a therapeutic team as a part of client services  
111 management. As used in this section, "mental health professional" and "alcohol and drug abuse  
112 professional" shall be defined by the department of mental health pursuant to duly promulgated  
113 rules. With respect to services established by this subdivision, the department of social services,  
114 division of medical services, shall enter into an agreement with the department of mental health.  
115 Matching funds for outpatient mental health services, clinic mental health services, and  
116 rehabilitation services for mental health and alcohol and drug abuse shall be certified by the  
117 department of mental health to the division of medical services. The agreement shall establish  
118 a mechanism for the joint implementation of the provisions of this subdivision. In addition, the  
119 agreement shall establish a mechanism by which rates for services may be jointly developed.

120 (b) **The department of mental health, in collaboration with the division of medical**  
121 **services within the department of social services, shall establish by rule the definition and**  
122 **criteria for designation of a community-based service. Services to be made available and**

123 **easily accessible include system of care services, early intervention services, team meetings,**  
124 **family support services, respite services, after-school programs and other youth case**  
125 **management services, mentoring, intensive home-based services, behavioral assistance**  
126 **services, mobile crisis intervention services, and independent living skills programs, and**  
127 **services for child up to five years of age;**

128 (20) Comprehensive day rehabilitation services beginning early posttrauma as part of a  
129 coordinated system of care for individuals with disabling impairments. Rehabilitation services  
130 must be based on an individualized, goal-oriented, comprehensive and coordinated treatment  
131 plan developed, implemented, and monitored through an interdisciplinary assessment designed  
132 to restore an individual to optimal level of physical, cognitive and behavioral function. The  
133 division of medical services shall establish by administrative rule the definition and criteria for  
134 designation of a comprehensive day rehabilitation service facility, benefit limitations and  
135 payment mechanism;

136 (21) Hospice care. As used in this subsection, the term "hospice care" means a  
137 coordinated program of active professional medical attention within a home, outpatient and  
138 inpatient care which treats the terminally ill patient and family as a unit, employing a medically  
139 directed interdisciplinary team. The program provides relief of severe pain or other physical  
140 symptoms and supportive care to meet the special needs arising out of physical, psychological,  
141 spiritual, social and economic stresses which are experienced during the final stages of illness,  
142 and during dying and bereavement and meets the Medicare requirements for participation as a  
143 hospice as are provided in 42 CFR Part 418. Beginning July 1, 1990, the rate of reimbursement  
144 paid by the division of medical services to the hospice provider for room and board furnished  
145 by a nursing home to an eligible hospice patient shall not be less than ninety-five percent of the  
146 rate of reimbursement which would have been paid for facility services in that nursing home  
147 facility for that patient, in accordance with subsection (c) of section 6408 of P.L. 101-239  
148 (Omnibus Budget Reconciliation Act of 1989);

149 (22) Such additional services as defined by the division of medical services to be  
150 furnished under waivers of federal statutory requirements as provided for and authorized by the  
151 federal Social Security Act (42 U.S.C. 301, et seq.) subject to appropriation by the general  
152 assembly;

153 (23) Beginning July 1, 1990, the services of a certified pediatric or family nursing  
154 practitioner to the extent that such services are provided in accordance with chapter 335, RSMo,  
155 and regulations promulgated thereunder, regardless of whether the nurse practitioner is  
156 supervised by or in association with a physician or other health care provider;

157 (24) Subject to appropriations, the department of social services shall conduct  
158 demonstration projects for nonemergency, physician-prescribed transportation for pregnant

159 women who are recipients of medical assistance under this chapter in counties selected by the  
160 director of the division of medical services. The funds appropriated pursuant to this subdivision  
161 shall be used for the purposes of this subdivision and for no other purpose. The department shall  
162 not fund such demonstration projects with revenues received for any other purpose. This  
163 subdivision shall not authorize transportation of a pregnant woman in active labor. The division  
164 of medical services shall notify recipients of nonemergency transportation services under this  
165 subdivision of such other transportation services which may be appropriate during active labor  
166 or other medical emergency;

167 (25) Nursing home costs for recipients of benefit payments under subdivision (4) of this  
168 subsection to reserve a bed for the recipient in the nursing home during the time that the recipient  
169 is absent due to admission to a hospital for services which cannot be performed on an outpatient  
170 basis, subject to the provisions of this subdivision:

171 (a) The provisions of this subdivision shall apply only if:

172 a. The occupancy rate of the nursing home is at or above ninety-seven percent of  
173 Medicaid certified licensed beds, according to the most recent quarterly census provided to the  
174 division of aging which was taken prior to when the recipient is admitted to the hospital; and

175 b. The patient is admitted to a hospital for a medical condition with an anticipated stay  
176 of three days or less;

177 (b) The payment to be made under this subdivision shall be provided for a maximum of  
178 three days per hospital stay;

179 (c) For each day that nursing home costs are paid on behalf of a recipient pursuant to this  
180 subdivision during any period of six consecutive months such recipient shall, during the same  
181 period of six consecutive months, be ineligible for payment of nursing home costs of two  
182 otherwise available temporary leave of absence days provided under subdivision (5) of this  
183 subsection; and

184 (d) The provisions of this subdivision shall not apply unless the nursing home receives  
185 notice from the recipient or the recipient's responsible party that the recipient intends to return  
186 to the nursing home following the hospital stay. If the nursing home receives such notification  
187 and all other provisions of this subsection have been satisfied, the nursing home shall provide  
188 notice to the recipient or the recipient's responsible party prior to release of the reserved bed.

189 2. Benefit payments for medical assistance for surgery as defined by rule duly  
190 promulgated by the division of medical services, and any costs related directly thereto, shall be  
191 made only when a second medical opinion by a licensed physician as to the need for the surgery  
192 is obtained prior to the surgery being performed.

193 3. The division of medical services may require any recipient of medical assistance to  
194 pay part of the charge or cost, as defined by rule duly promulgated by the division of medical

195 services, for dental services, drugs and medicines, optometric services, eye glasses, dentures,  
196 hearing aids, and other services, to the extent and in the manner authorized by Title XIX of the  
197 federal Social Security Act (42 U.S.C. 1396, et seq.) and regulations thereunder. When  
198 substitution of a generic drug is permitted by the prescriber according to section 338.056, RSMo,  
199 and a generic drug is substituted for a name brand drug, the division of medical services may not  
200 lower or delete the requirement to make a co-payment pursuant to regulations of Title XIX of  
201 the federal Social Security Act. A provider of goods or services described under this section  
202 must collect from all recipients the partial payment that may be required by the division of  
203 medical services under authority granted herein, if the division exercises that authority, to remain  
204 eligible as a provider. Any payments made by recipients under this section shall be in addition  
205 to, and not in lieu of, any payments made by the state for goods or services described herein.

206         4. The division of medical services shall have the right to collect medication samples  
207 from recipients in order to maintain program integrity.

208         5. Reimbursement for obstetrical and pediatric services under subdivision (6) of  
209 subsection 1 of this section shall be timely and sufficient to enlist enough health care providers  
210 so that care and services are available under the state plan for medical assistance at least to the  
211 extent that such care and services are available to the general population in the geographic area,  
212 as required under subparagraph (a)(30)(A) of 42 U.S.C. 1396a and federal regulations  
213 promulgated thereunder.

214         6. Beginning July 1, 1990, reimbursement for services rendered in federally funded  
215 health centers shall be in accordance with the provisions of subsection 6402(c) and section 6404  
216 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989) and federal regulations  
217 promulgated thereunder.

218         7. Beginning July 1, 1990, the department of social services shall provide notification  
219 and referral of children below age five, and pregnant, breast-feeding, or postpartum women who  
220 are determined to be eligible for medical assistance under section 208.151 to the special  
221 supplemental food programs for women, infants and children administered by the department  
222 of health and senior services. Such notification and referral shall conform to the requirements  
223 of section 6406 of P.L. 101-239 and regulations promulgated thereunder.

224         8. Providers of long-term care services shall be reimbursed for their costs in accordance  
225 with the provisions of section 1902 (a)(13)(A) of the Social Security Act, 42 U.S.C. 1396a, as  
226 amended, and regulations promulgated thereunder.

227         9. Reimbursement rates to long-term care providers with respect to a total change in  
228 ownership, at arm's length, for any facility previously licensed and certified for participation in  
229 the Medicaid program shall not increase payments in excess of the increase that would result  
230 from the application of section 1902 (a)(13)(C) of the Social Security Act, 42 U.S.C. 1396a

231 (a)(13)(C).

232 10. The department of social services, division of medical services, may enroll qualified  
233 residential care facilities, as defined in chapter 198, RSMo, as Medicaid personal care providers.

208.204. 1. The division of medical services may administer the funds appropriated to  
2 the department of social services or any division of the department for payment of medical care  
3 provided to children in the legal custody of the department of social services or any division of  
4 the department.

5 **2. The department of social services shall conduct research into all of the cases in**  
6 **their custody to determine which cases involve children in the system due exclusively to a**  
7 **need for mental health services, and where there is no instance of abuse, neglect, or**  
8 **abandonment.**

9 **3. Children identified under subsection 2 of this section may be returned by the**  
10 **judge to the family's custody. The department of mental health shall have the**  
11 **responsibility of providing the necessary services for such children in the least restrictive**  
12 **appropriate environment, including home and community-based services, treatment and**  
13 **support, based on a coordinated individualized treatment plan.**

14 **4. In the case of children being returned to their family's custody and falling under**  
15 **the service responsibility of the department of mental health, the appropriate funds will**  
16 **be transferred from the department of social services to the department of mental health**  
17 **to provide for the care of each child in such situation.**

211.181. 1. When a child or person seventeen years of age is found by the court to come  
2 within the applicable provisions of subdivision (1) of subsection 1 of section 211.031, the court  
3 shall so decree and make a finding of fact upon which it exercises its jurisdiction over the child  
4 or person seventeen years of age, and the court may, by order duly entered, proceed as follows:

5 (1) Place the child or person seventeen years of age under supervision in his own home  
6 or in the custody of a relative or other suitable person after the court or a public agency or  
7 institution designated by the court conducts an investigation of the home, relative or person and  
8 finds such home, relative or person to be suitable and upon such conditions as the court may  
9 require;

10 (2) Commit the child or person seventeen years of age to the custody of:

11 (a) A public agency or institution authorized by law to care for children or to place them  
12 in family homes; except that, such child or person seventeen years of age may not be committed  
13 to the department of social services, division of youth services;

14 (b) Any other institution or agency which is authorized or licensed by law to care for  
15 children or to place them in family homes;

16 (c) An association, school or institution willing to receive the child or person seventeen

17 years of age in another state if the approval of the agency in that state which administers the laws  
18 relating to importation of children into the state has been secured; or

19 (d) The juvenile officer;

20 (3) Place the child or person seventeen years of age in a family home;

21 (4) Cause the child or person seventeen years of age to be examined and treated by a  
22 physician, psychiatrist or psychologist and when the health or condition of the child or person  
23 seventeen years of age requires it, cause the child or person seventeen years of age to be placed  
24 in a public or private hospital, clinic or institution for treatment and care; except that, nothing  
25 contained herein authorizes any form of compulsory medical, surgical, or psychiatric treatment  
26 of a child or person seventeen years of age whose parents or guardian in good faith are providing  
27 other remedial treatment recognized or permitted under the laws of this state;

28 (5) The court may order, pursuant to subsection 2 of section 211.081, that the child  
29 receive the necessary services in the least restrictive appropriate environment including home  
30 and community-based services, treatment and support, based on a coordinated, individualized  
31 treatment plan. The individualized treatment plan shall be approved by the court and developed  
32 by the applicable state agencies responsible for providing or paying for any and all appropriate  
33 and necessary services, subject to appropriation, and shall include which agencies are going to  
34 pay for and provide such services. Such plan must be submitted to the court within thirty days  
35 and the child's family shall actively participate in designing the service plan for the child or  
36 person seventeen years of age;

37 **(6) The division of family services shall apply to the United States Department of**  
38 **Health and Human Services for such federal waivers as required to provide services for**  
39 **such children, including the acquisition of community-based services waivers.**

40 2. When a child is found by the court to come within the provisions of subdivision (2)  
41 of subsection 1 of section 211.031, the court shall so decree and upon making a finding of fact  
42 upon which it exercises its jurisdiction over the child, the court may, by order duly entered,  
43 proceed as follows:

44 (1) Place the child under supervision in his own home or in custody of a relative or other  
45 suitable person after the court or a public agency or institution designated by the court conducts  
46 an investigation of the home, relative or person and finds such home, relative or person to be  
47 suitable and upon such conditions as the court may require;

48 (2) Commit the child to the custody of:

49 (a) A public agency or institution authorized by law to care for children or place them  
50 in family homes; except that, a child may be committed to the department of social services,  
51 division of youth services, only if he is presently under the court's supervision after an  
52 adjudication under the provisions of subdivision (2) or (3) of subsection 1 of section 211.031;

53 (b) Any other institution or agency which is authorized or licensed by law to care for  
54 children or to place them in family homes;

55 (c) An association, school or institution willing to receive it in another state if the  
56 approval of the agency in that state which administers the laws relating to importation of children  
57 into the state has been secured; or

58 (d) The juvenile officer;

59 (3) Place the child in a family home;

60 (4) Cause the child to be examined and treated by a physician, psychiatrist or  
61 psychologist and when the health or condition of the child requires it, cause the child to be placed  
62 in a public or private hospital, clinic or institution for treatment and care; except that, nothing  
63 contained herein authorizes any form of compulsory medical, surgical, or psychiatric treatment  
64 of a child whose parents or guardian in good faith are providing other remedial treatment  
65 recognized or permitted under the laws of this state;

66 (5) Assess an amount of up to ten dollars to be paid by the child to the clerk of the court.  
67 Execution of any order entered by the court pursuant to this subsection, including a commitment  
68 to any state agency, may be suspended and the child placed on probation subject to such  
69 conditions as the court deems reasonable. After a hearing, probation may be revoked and the  
70 suspended order executed.

71 3. When a child is found by the court to come within the provisions of subdivision (3)  
72 of subsection 1 of section 211.031, the court shall so decree and make a finding of fact upon  
73 which it exercises its jurisdiction over the child, and the court may, by order duly entered,  
74 proceed as follows:

75 (1) Place the child under supervision in his own home or in custody of a relative or other  
76 suitable person after the court or a public agency or institution designated by the court conducts  
77 an investigation of the home, relative or person and finds such home, relative or person to be  
78 suitable and upon such conditions as the court may require;

79 (2) Commit the child to the custody of:

80 (a) A public agency or institution authorized by law to care for children or to place them  
81 in family homes;

82 (b) Any other institution or agency which is authorized or licensed by law to care for  
83 children or to place them in family homes;

84 (c) An association, school or institution willing to receive it in another state if the  
85 approval of the agency in that state which administers the laws relating to importation of children  
86 into the state has been secured; or

87 (d) The juvenile officer;

88 (3) Beginning January 1, 1996, the court may make further directions as to placement

89 with the division of youth services concerning the child's length of stay. The length of stay order  
90 may set forth a minimum review date;

91 (4) Place the child in a family home;

92 (5) Cause the child to be examined and treated by a physician, psychiatrist or  
93 psychologist and when the health or condition of the child requires it, cause the child to be placed  
94 in a public or private hospital, clinic or institution for treatment and care; except that, nothing  
95 contained herein authorizes any form of compulsory medical, surgical, or psychiatric treatment  
96 of a child whose parents or guardian in good faith are providing other remedial treatment  
97 recognized or permitted under the laws of this state;

98 (6) Suspend or revoke a state or local license or authority of a child to operate a motor  
99 vehicle;

100 (7) Order the child to make restitution or reparation for the damage or loss caused by his  
101 offense. In determining the amount or extent of the damage, the court may order the juvenile  
102 officer to prepare a report and may receive other evidence necessary for such determination. The  
103 child and his attorney shall have access to any reports which may be prepared, and shall have the  
104 right to present evidence at any hearing held to ascertain the amount of damages. Any restitution  
105 or reparation ordered shall be reasonable in view of the child's ability to make payment or to  
106 perform the reparation. The court may require the clerk of the circuit court to act as receiving  
107 and disbursing agent for any payment ordered;

108 (8) Order the child to a term of community service under the supervision of the court or  
109 of an organization selected by the court. Every person, organization, and agency, and each  
110 employee thereof, charged with the supervision of a child under this subdivision, or who benefits  
111 from any services performed as a result of an order issued under this subdivision, shall be  
112 immune from any suit by the child ordered to perform services under this subdivision, or any  
113 person deriving a cause of action from such child, if such cause of action arises from the  
114 supervision of the child's performance of services under this subdivision and if such cause of  
115 action does not arise from an intentional tort. A child ordered to perform services under this  
116 subdivision shall not be deemed an employee within the meaning of the provisions of chapter  
117 287, RSMo, nor shall the services of such child be deemed employment within the meaning of  
118 the provisions of chapter 288, RSMo. Execution of any order entered by the court, including a  
119 commitment to any state agency, may be suspended and the child placed on probation subject  
120 to such conditions as the court deems reasonable. After a hearing, probation may be revoked and  
121 the suspended order executed;

122 (9) When a child has been adjudicated to have violated a municipal ordinance or to have  
123 committed an act that would be a misdemeanor if committed by an adult, assess an amount of  
124 up to twenty-five dollars to be paid by the child to the clerk of the court; when a child has been

125 adjudicated to have committed an act that would be a felony if committed by an adult, assess an  
126 amount of up to fifty dollars to be paid by the child to the clerk of the court.

127 4. Beginning January 1, 1996, the court may set forth in the order of commitment the  
128 minimum period during which the child shall remain in the custody of the division of youth  
129 services. No court order shall require a child to remain in the custody of the division of youth  
130 services for a period which exceeds the child's eighteenth birth date except upon petition filed  
131 by the division of youth services pursuant to subsection 1 of section 219.021, RSMo. In any  
132 order of commitment of a child to the custody of the division of youth services, the division shall  
133 determine the appropriate program or placement pursuant to subsection 3 of section 219.021,  
134 RSMo. Beginning January 1, 1996, the department shall not discharge a child from the custody  
135 of the division of youth services before the child completes the length of stay determined by the  
136 court in the commitment order unless the committing court orders otherwise. The director of the  
137 division of youth services may at any time petition the court for a review of a child's length of  
138 stay commitment order, and the court may, upon a showing of good cause, order the early  
139 discharge of the child from the custody of the division of youth services. The division may  
140 discharge the child from the division of youth services without a further court order after the  
141 child completes the length of stay determined by the court or may retain the child for any period  
142 after the completion of the length of stay in accordance with the law.

143 5. When an assessment has been imposed under the provisions of subsection 2 or 3 of  
144 this section, the assessment shall be paid to the clerk of the court in the circuit where the  
145 assessment is imposed by court order, to be deposited in a fund established for the sole purpose  
146 of payment of judgments entered against children in accordance with section 211.185.

**630.097. The department of mental health shall develop, implement, and administer  
2 a unified accountable comprehensive children's mental health service system. To ensure  
3 a full breadth of services, the system of care shall include all state agencies and  
4 organizations involved in the lives of the children served. The system of care shall:**

5 **(1) Be child centered, family focused, and family driven, with the needs of the child  
6 and family dictating the types and mix of services provided, and shall include the families  
7 as full participants in all aspects of the planning and delivery of services;**

8 **(2) Provide community-based mental health services to children and their families  
9 in the context in which the children live and attend school;**

10 **(3) Respond in a culturally competent and responsive manner;**

11 **(4) Stress prevention and early identification and intervention;**

12 **(5) Assure access to a continuum of services that:**

13 **(a) Educate the community about the mental health needs of children;**

14 **(b) Address the unique physical, emotional, social, and educational needs of**

15 **children;**

16 **(c) Are coordinated with the range of social and human services provided to**  
17 **children and their families by the departments of elementary and secondary education,**  
18 **social services, health and senior services, and public safety, and the family courts;**

19 **(d) Provide a comprehensive array of services through an individualized service**  
20 **plan;**

21 **(e) Provide services in the least restrictive environment possible;**

22 **(f) Are appropriate to the developmental needs of children;**

23 **(6) Include early screening and prompt intervention to:**

24 **(a) Identify and treat the mental health needs of children in the least restrictive**  
25 **environment appropriate to their needs; and**

26 **(b) Prevent further deterioration;**

27 **(7) Address the unique problems of paying for mental health services for children,**  
28 **including:**

29 **(a) Access to private insurance coverage;**

30 **(b) Public funding; and**

31 **(c) Private funding and services;**

32 **(8) Include the child and the child's family in all aspects of planning, service**  
33 **delivery, and evaluation; and**

34 **(9) Assure a smooth transition from mental health services appropriate for a child**  
35 **to mental health services needed by a person who is at least nineteen years of age.**