

FIRST REGULAR SESSION

[PERFECTED]

HOUSE COMMITTEE SUBSTITUTE FOR

HOUSE BILL NO. 727

97TH GENERAL ASSEMBLY

1482H.05P

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal sections 208.152, 209.150, 209.152, 209.200, 209.202, 301.143, 304.028, and 630.170, RSMo, and to enact in lieu thereof nine new sections relating to individuals with disabilities, with a penalty provision, an expiration date for a certain section, and an emergency clause.

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

Section A. Sections 208.152, 209.150, 209.152, 209.200, 209.202, 301.143, 304.028, and 630.170, RSMo, are repealed and nine new sections enacted in lieu thereof, to be known as sections 161.870, 208.152, 209.150, 209.152, 209.200, 209.202, 301.143, 304.028, and 630.170, to read as follows:

161.870. 1. By September 1, 2013, the department of elementary and secondary education shall establish a work group to assess the available resources needed for effective work experiences for students and young adults with disabilities. The work group shall review all interagency coordination of services that match young adults who have disabilities with employers who need employees to ensure that these services are adequately meeting the following needs of students and young adults with disabilities who seek employment and need assistance with job placement:

- (1) Recruitment;**
- (2) Assessment;**
- (3) Counseling;**
- (4) Pre-employment skills training;**
- (5) Vocational training;**
- (6) Student wages for try-out employment;**

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

14 (7) Placement in unsubsidized employment; and

15 (8) Other assistance with transition to a quality adult life.

16 2. The goal of the work group shall be to evaluate the current efforts and available
17 resources and to promote the involvement of key stakeholders including students, families,
18 educators, employers and other agencies in planning and implementing an array of services
19 that will culminate in successful student transition to employment, lifelong learning, and
20 quality of life. The work group shall focus on secondary students and young adults with
21 disabilities.

22 3. The work group shall:

23 (1) Assess the strengths and need for improvement in services for transition services,
24 instruction, and experiences that reinforce core curriculum concepts and skills leading to
25 gainful employment for students and young adults with disabilities;

26 (2) Determine whether any additional state partnerships provided through
27 nonfinancial interagency agreements among the department of health and senior services,
28 the department of economic development, the department of mental health, and the
29 department of social services, or in the private sector, are needed to enhance the
30 employment potential of students and young adults with disabilities;

31 (3) Focus its efforts in developing careers for students and young adults with
32 disabilities, to prevent economic and social dependence on state and community agencies
33 and resources; and

34 (4) Report its findings to the director.

35 4. The department of elementary and secondary education shall make
36 recommendations based on the findings of the work group and report them to the general
37 assembly prior to January 1, 2014.

38 5. The work group shall be administered and its members chosen by the
39 commissioner of education. Work group members shall include existing personnel and
40 human resources available to the department of elementary and secondary education,
41 including but not limited to representatives from state agencies and local advocacy groups
42 and community members with valuable input regarding the needs of disabled students and
43 individuals, or members of the general assembly.

44 6. The department of elementary and secondary education may promulgate all
45 necessary rules and regulations for the administration of this section. Any rule or portion
46 of a rule, as that term is defined in section 536.010, that is created under the authority
47 delegated in this section shall become effective only if it complies with and is subject to all
48 of the provisions of chapter 536 and, if applicable, section 536.028. This section and
49 chapter 536 are nonseverable and if any of the powers vested with the general assembly

50 **pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul**
51 **a rule are subsequently held unconstitutional, then the grant of rulemaking authority and**
52 **any rule proposed or adopted after August 28, 2013, shall be invalid and void.**

208.152. 1. MO HealthNet payments shall be made on behalf of those eligible needy
2 persons as defined in section 208.151 who are unable to provide for it in whole or in part, with
3 any payments to be made on the basis of the reasonable cost of the care or reasonable charge for
4 the services as defined and determined by the MO HealthNet division, unless otherwise
5 hereinafter 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 MO
8 HealthNet division shall provide through rule and regulation an exception process for coverage
9 of inpatient costs in those cases requiring treatment beyond the seventy-fifth percentile
10 professional activities study (PAS) or the MO HealthNet children's diagnosis length-of-stay
11 schedule; and provided further that the MO HealthNet division shall take into account through
12 its 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
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 MO HealthNet division may evaluate outpatient hospital services rendered under this section and
19 deny payment for services which are determined by the MO HealthNet division not to be
20 medically necessary, in accordance with federal law and regulations;

21 (3) Laboratory and X-ray services;

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

33 consider nursing facilities furnishing care to persons under the age of twenty-one as a
34 classification separate from other nursing facilities;

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

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

44 (7) Drugs and medicines when prescribed by a licensed physician, dentist, or podiatrist;
45 except that no payment for drugs and medicines prescribed on and after January 1, 2006, by a
46 licensed physician, dentist, or podiatrist may be made on behalf of any person who qualifies for
47 prescription drug coverage under the provisions of P.L. 108-173;

48 (8) Emergency ambulance services and, effective January 1, 1990, medically necessary
49 transportation to scheduled, physician-prescribed nonelective treatments;

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

55 (10) Home health care services;

56 (11) Family planning as defined by federal rules and regulations; provided, however, that
57 such family planning services shall not include abortions unless such abortions are certified in
58 writing by a physician to the MO HealthNet agency that, in his professional judgment, the life
59 of the mother would be endangered if the fetus were carried to term;

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

62 (13) Outpatient surgical procedures, including presurgical diagnostic services performed
63 in ambulatory surgical facilities which are licensed by the department of health and senior
64 services of the state of Missouri; except, that such outpatient surgical services shall not include
65 persons who are eligible for coverage under Part B of Title XVIII, Public Law 89-97, 1965
66 amendments to the federal Social Security Act, as amended, if exclusion of such persons is
67 permitted under Title XIX, Public Law 89-97, 1965 amendments to the federal Social Security
68 Act, as amended;

69 (14) Personal care services which are medically oriented tasks having to do with a
70 person's physical requirements, as opposed to housekeeping requirements, which enable a person
71 to be treated by his physician on an outpatient rather than on an inpatient or residential basis in
72 a hospital, intermediate care facility, or skilled nursing facility. Personal care services shall be
73 rendered by an individual not a member of the participant's family who is qualified to provide
74 such services where the services are prescribed by a physician in accordance with a plan of
75 treatment and are supervised by a licensed nurse. Persons eligible to receive personal care
76 services shall be those persons who would otherwise require placement in a hospital,
77 intermediate care facility, or skilled nursing facility. Benefits payable for personal care services
78 shall not exceed for any one participant one hundred percent of the average statewide charge for
79 care and treatment in an intermediate care facility for a comparable period of time. Such
80 services, when delivered in a residential care facility or assisted living facility licensed under
81 chapter 198 shall be authorized on a tier level based on the services the resident requires and the
82 frequency of the services. A resident of such facility who qualifies for assistance under section
83 208.030 shall, at a minimum, if prescribed by a physician, qualify for the tier level with the
84 fewest services. The rate paid to providers for each tier of service shall be set subject to
85 appropriations. Subject to appropriations, each resident of such facility who qualifies for
86 assistance under section 208.030 and meets the level of care required in this section shall, at a
87 minimum, if prescribed by a physician, be authorized up to one hour of personal care services
88 per day. Authorized units of personal care services shall not be reduced or tier level lowered
89 unless an order approving such reduction or lowering is obtained from the resident's personal
90 physician. Such authorized units of personal care services or tier level shall be transferred with
91 such resident if her or she transfers to another such facility. Such provision shall terminate upon
92 receipt of relevant waivers from the federal Department of Health and Human Services. If the
93 Centers for Medicare and Medicaid Services determines that such provision does not comply
94 with the state plan, this provision shall be null and void. The MO HealthNet division shall notify
95 the revisor of statutes as to whether the relevant waivers are approved or a determination of
96 noncompliance is made;

97 (15) Mental health services. The state plan for providing medical assistance under Title
98 XIX of the Social Security Act, 42 U.S.C. 301, as amended, shall include the following mental
99 health services when such services are provided by community mental health facilities operated
100 by the department of mental health or designated by the department of mental health as a
101 community mental health facility or as an alcohol and drug abuse facility or as a child-serving
102 agency within the comprehensive children's mental health service system established in section
103 630.097. The department of mental health shall establish by administrative rule the definition

104 and criteria for designation as a community mental health facility and for designation as an
105 alcohol and drug abuse facility. Such mental health services shall include:

106 (a) Outpatient mental health services including preventive, diagnostic, therapeutic,
107 rehabilitative, and palliative interventions rendered to individuals in an individual or group
108 setting by a mental health professional in accordance with a plan of treatment appropriately
109 established, implemented, monitored, and revised under the auspices of a therapeutic team as a
110 part of client services management;

111 (b) Clinic mental health services including preventive, diagnostic, therapeutic,
112 rehabilitative, and palliative interventions rendered to individuals in an individual or group
113 setting by a mental health professional in accordance with a plan of treatment appropriately
114 established, implemented, monitored, and revised under the auspices of a therapeutic team as a
115 part of client services management;

116 (c) Rehabilitative mental health and alcohol and drug abuse services including home and
117 community-based preventive, diagnostic, therapeutic, rehabilitative, and palliative interventions
118 rendered to individuals in an individual or group setting by a mental health or alcohol and drug
119 abuse professional in accordance with a plan of treatment appropriately established,
120 implemented, monitored, and revised under the auspices of a therapeutic team as a part of client
121 services management. As used in this section, mental health professional and alcohol and drug
122 abuse professional shall be defined by the department of mental health pursuant to duly
123 promulgated rules. With respect to services established by this subdivision, the department of
124 social services, MO HealthNet division, shall enter into an agreement with the department of
125 mental health. Matching funds for outpatient mental health services, clinic mental health
126 services, and rehabilitation services for mental health and alcohol and drug abuse shall be
127 certified by the department of mental health to the MO HealthNet division. The agreement shall
128 establish a mechanism for the joint implementation of the provisions of this subdivision. In
129 addition, the agreement shall establish a mechanism by which rates for services may be jointly
130 developed;

131 (16) Such additional services as defined by the MO HealthNet division to be furnished
132 under waivers of federal statutory requirements as provided for and authorized by the federal
133 Social Security Act (42 U.S.C. 301, et seq.) subject to appropriation by the general assembly;

134 (17) Beginning July 1, 1990, the services of a certified pediatric or family nursing
135 practitioner with a collaborative practice agreement to the extent that such services are provided
136 in accordance with chapters 334 and 335, and regulations promulgated thereunder;

137 (18) Nursing home costs for participants receiving benefit payments under subdivision
138 (4) of this subsection to reserve a bed for the participant in the nursing home during the time that

139 the participant is absent due to admission to a hospital for services which cannot be performed
140 on an outpatient basis, subject to the provisions of this subdivision:

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

142 a. The occupancy rate of the nursing home is at or above ninety-seven percent of MO
143 HealthNet certified licensed beds, according to the most recent quarterly census provided to the
144 department of health and senior services which was taken prior to when the participant is
145 admitted to the hospital; and

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

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

150 (c) For each day that nursing home costs are paid on behalf of a participant under this
151 subdivision during any period of six consecutive months such participant shall, during the same
152 period of six consecutive months, be ineligible for payment of nursing home costs of two
153 otherwise available temporary leave of absence days provided under subdivision (5) of this
154 subsection; and

155 (d) The provisions of this subdivision shall not apply unless the nursing home receives
156 notice from the participant or the participant's responsible party that the participant intends to
157 return to the nursing home following the hospital stay. If the nursing home receives such
158 notification and all other provisions of this subsection have been satisfied, the nursing home shall
159 provide notice to the participant or the participant's responsible party prior to release of the
160 reserved bed;

161 (19) Prescribed medically necessary durable medical equipment. An electronic
162 web-based prior authorization system using best medical evidence and care and treatment
163 guidelines consistent with national standards shall be used to verify medical need;

164 (20) **Subject to appropriations, comprehensive day rehabilitation services beginning**
165 **early post-trauma as part of a coordinated system of care for individuals with disabling**
166 **impairments. Rehabilitation services must be based on an individualized, goal-oriented,**
167 **comprehensive, and coordinated treatment plan developed, implemented, and monitored**
168 **through an interdisciplinary assessment designed to restore an individual to optimal levels**
169 **of physical, cognitive, and behavioral function. The MO HealthNet division shall establish,**
170 **by administrative rule, the definition and criteria for designation of a comprehensive day**
171 **rehabilitation service facility, benefit limitations, and payment mechanism utilizing the**
172 **expertise of brain injury rehabilitation service providers and the Missouri head injury**
173 **advisory council created under section 192.745. Such services shall be provided in a**
174 **community-based facility and be authorized on tier levels based on the services the patient**

requires and the frequency of the services as guided by a qualified rehabilitation professional associated with a health care home. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this subdivision shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2013, shall be invalid and void;

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

[(21)] (22) Prescribed medically necessary dental services. Such services shall be subject to appropriations. An electronic web-based prior authorization system using best medical evidence and care and treatment guidelines consistent with national standards shall be used to verify medical need;

[(22)] (23) Prescribed medically necessary optometric services. Such services shall be subject to appropriations. An electronic web-based prior authorization system using best medical evidence and care and treatment guidelines consistent with national standards shall be used to verify medical need;

(24) Prescribed medically necessary hearing aids. Such services shall be subject to appropriations. An electronic web-based prior authorization system using best medical evidence and care and treatment guidelines consistent with national standards shall be used to verify medical need;

209 [(23)] **(25)** Blood clotting products-related services. For persons diagnosed with a
210 bleeding disorder, as defined in section 338.400, reliant on blood clotting products, as defined
211 in section 338.400, such services include:

212 (a) Home delivery of blood clotting products and ancillary infusion equipment and
213 supplies, including the emergency deliveries of the product when medically necessary;

214 (b) Medically necessary ancillary infusion equipment and supplies required to administer
215 the blood clotting products; and

216 (c) Assessments conducted in the participant's home by a pharmacist, nurse, or local
217 home health care agency trained in bleeding disorders when deemed necessary by the
218 participant's treating physician;

219 [(24)] **(26)** The MO HealthNet division shall, by January 1, 2008, and annually
220 thereafter, report the status of MO HealthNet provider reimbursement rates as compared to one
221 hundred percent of the Medicare reimbursement rates and compared to the average dental
222 reimbursement rates paid by third-party payors licensed by the state. The MO HealthNet division
223 shall, by July 1, 2008, provide to the general assembly a four-year plan to achieve parity with
224 Medicare reimbursement rates and for third-party payor average dental reimbursement rates.
225 Such plan shall be subject to appropriation and the division shall include in its annual budget
226 request to the governor the necessary funding needed to complete the four-year plan developed
227 under this subdivision.

228 2. Additional benefit payments for medical assistance shall be made on behalf of those
229 eligible needy children, pregnant women and blind persons with any payments to be made on the
230 basis of the reasonable cost of the care or reasonable charge for the services as defined and
231 determined by the division of medical services, unless otherwise hereinafter provided, for the
232 following:

233 (1) Dental services;

234 (2) Services of podiatrists as defined in section 330.010;

235 (3) Optometric services as defined in section 336.010;

236 (4) Orthopedic devices or other prosthetics, including eye glasses, dentures, hearing aids,
237 and wheelchairs;

238 (5) Hospice care. As used in this subsection, the term "hospice care" means a
239 coordinated program of active professional medical attention within a home, outpatient and
240 inpatient care which treats the terminally ill patient and family as a unit, employing a medically
241 directed interdisciplinary team. The program provides relief of severe pain or other physical
242 symptoms and supportive care to meet the special needs arising out of physical, psychological,
243 spiritual, social, and economic stresses which are experienced during the final stages of illness,
244 and during dying and bereavement and meets the Medicare requirements for participation as a

245 hospice as are provided in 42 CFR Part 418. The rate of reimbursement paid by the MO
246 HealthNet division to the hospice provider for room and board furnished by a nursing home to
247 an eligible hospice patient shall not be less than ninety-five percent of the rate of reimbursement
248 which would have been paid for facility services in that nursing home facility for that patient,
249 in accordance with subsection (c) of Section 6408 of P.L. 101-239 (Omnibus Budget
250 Reconciliation Act of 1989);

251 (6) Comprehensive day rehabilitation services beginning early posttrauma as part of a
252 coordinated system of care for individuals with disabling impairments. Rehabilitation services
253 must be based on an individualized, goal-oriented, comprehensive and coordinated treatment
254 plan developed, implemented, and monitored through an interdisciplinary assessment designed
255 to restore an individual to optimal level of physical, cognitive, and behavioral function. The MO
256 HealthNet division shall establish by administrative rule the definition and criteria for
257 designation of a comprehensive day rehabilitation service facility, benefit limitations and
258 payment mechanism. Any rule or portion of a rule, as that term is defined in section 536.010,
259 that is created under the authority delegated in this subdivision shall become effective only if it
260 complies with and is subject to all of the provisions of chapter 536 and, if applicable, section
261 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the
262 general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove
263 and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority
264 and any rule proposed or adopted after August 28, 2005, shall be invalid and void.

265 3. The MO HealthNet division may require any participant receiving MO HealthNet
266 benefits to pay part of the charge or cost until July 1, 2008, and an additional payment after July
267 1, 2008, as defined by rule duly promulgated by the MO HealthNet division, for all covered
268 services except for those services covered under subdivisions (14) and (15) of subsection 1 of
269 this section and sections 208.631 to 208.657 to the extent and in the manner authorized by Title
270 XIX of the federal Social Security Act (42 U.S.C. 1396, et seq.) and regulations thereunder.
271 When substitution of a generic drug is permitted by the prescriber according to section 338.056,
272 and a generic drug is substituted for a name-brand drug, the MO HealthNet division may not
273 lower or delete the requirement to make a co-payment pursuant to regulations of Title XIX of
274 the federal Social Security Act. A provider of goods or services described under this section
275 must collect from all participants the additional payment that may be required by the MO
276 HealthNet division under authority granted herein, if the division exercises that authority, to
277 remain eligible as a provider. Any payments made by participants under this section shall be in
278 addition to and not in lieu of payments made by the state for goods or services described herein
279 except the participant portion of the pharmacy professional dispensing fee shall be in addition
280 to and not in lieu of payments to pharmacists. A provider may collect the co-payment at the time

a service is provided or at a later date. A provider shall not refuse to provide a service if a participant is unable to pay a required payment. If it is the routine business practice of a provider to terminate future services to an individual with an unclaimed debt, the provider may include uncollected co-payments under this practice. Providers who elect not to undertake the provision of services based on a history of bad debt shall give participants advance notice and a reasonable opportunity for payment. A provider, representative, employee, independent contractor, or agent of a pharmaceutical manufacturer shall not make co-payment for a participant. This subsection shall not apply to other qualified children, pregnant women, or blind persons. If the Centers for Medicare and Medicaid Services does not approve the Missouri MO HealthNet state plan amendment submitted by the department of social services that would allow a provider to deny future services to an individual with uncollected co-payments, the denial of services shall not be allowed. The department of social services shall inform providers regarding the acceptability of denying services as the result of unpaid co-payments.

4. The MO HealthNet division shall have the right to collect medication samples from participants in order to maintain program integrity.

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

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

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

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

9. Reimbursement rates to long-term care providers with respect to a total change in ownership, at arm's length, for any facility previously licensed and certified for participation in

317 the MO HealthNet program shall not increase payments in excess of the increase that would
318 result from the application of Section 1902 (a)(13)(C) of the Social Security Act, 42 U.S.C.
319 1396a (a)(13)(C).

320 10. The MO HealthNet division, may enroll qualified residential care facilities and
321 assisted living facilities, as defined in chapter 198, as MO HealthNet personal care providers.

322 11. Any income earned by individuals eligible for certified extended employment at a
323 sheltered workshop under chapter 178 shall not be considered as income for purposes of
324 determining eligibility under this section.

209.150. 1. Every person with a visual, aural or [physical] **other disability including**
2 **diabetes, as defined in section 213.010**, shall have the same rights afforded to a person with no
3 such disability to the full and free use of the streets, highways, sidewalks, walkways, public
4 buildings, public facilities, and other public places.

5 2. Every person with a visual, aural or [physical] **other disability including diabetes,**
6 **as defined in section 213.010**, is entitled to full and equal accommodations, advantages,
7 facilities, and privileges of all common carriers, airplanes, motor vehicles, railroad trains, motor
8 buses, taxis, streetcars, boats or any other public conveyances or modes of transportation, hotels,
9 lodging places, places of public accommodation, amusement or resort, and other places to which
10 the general public is invited, subject only to the conditions and limitations established by law and
11 applicable alike to all persons.

12 3. Every person with a visual, aural or [physical] **other disability including diabetes,**
13 **as defined in section 213.010**, shall have the right to be accompanied by a guide dog, hearing
14 dog, or service dog, which is especially trained for the purpose, in any of the places listed in
15 subsection 2 of this section without being required to pay an extra charge for the guide dog,
16 hearing dog or service dog; provided that such person shall be liable for any damage done to the
17 premises or facilities by such dog.

18 4. As used in sections 209.150 to 209.190, the term "service dog" means any dog
19 specifically trained to assist a person with a physical **or mental** disability by performing
20 necessary [physical] tasks **or doing work** which the person cannot perform. Such tasks shall
21 include, but not be limited to, pulling a wheelchair, retrieving items, [and] carrying supplies, **and**
22 **search and rescue of an individual with a disability.**

209.152. **Not to exceed the provisions of the Americans With Disabilities Act**, any
2 trainer, from a recognized training center, of a guide dog, hearing assistance dog or service dog,
3 **or any member of a service dog team, as defined in section 209.200**, shall have the right to
4 be accompanied by such dog in or upon any of the premises listed in section 209.150 while
5 engaged in the training of the dog without being required to pay an extra charge for such dog.

6 Such trainer **or service dog team member** shall be liable for any damage done to the premise
7 of facilities by such dog.

209.200. As used in sections 209.200 to 209.204, **not to exceed the provisions of the**
2 **Americans With Disabilities Act**, the following terms shall mean:

3 (1) "Disability", as defined in section 213.010 **including diabetes**;

4 (2) "Service dog", a dog that is being or has been specially trained to do work or perform
5 tasks which benefit a particular person with a disability. Service dog includes **but is not limited**
6 **to**:

7 (a) "Guide dog", a dog that is being or has been specially trained to assist a particular
8 blind or visually impaired person;

9 (b) "Hearing dog", a dog that is being or has been specially trained to assist a particular
10 deaf or hearing-impaired person;

11 (c) "Medical alert or respond dog", a dog that is being or has been trained to alert a
12 person with a disability that a particular medical event is about to occur or to respond to a
13 medical event that has occurred;

14 (d) "Mobility dog", a dog that is being or has been specially trained to assist a person
15 with a disability caused by physical impairments;

16 (e) **"Search and rescue dog", a dog that is being or has been trained to search for**
17 **or prevent a person with a mental disability, including but not limited to verbal and**
18 **nonverbal autism, from becoming lost;**

19 (3) **"Service dog team", a team consisting of a trained service dog, a disabled**
20 **person or child, and a person who is an adult and who has been trained to handle the**
21 **service dog.**

209.202. 1. Any person who [knowingly, intentionally, or recklessly causes substantial
2 physical injury to or the death of a service dog] , **with reckless disregard, injures, kills, or**
3 **permits a dog that he or she owns or is in the immediate control of to injure or kill a service**
4 **animal** is guilty of a class A misdemeanor. [The provisions of this subsection shall not apply
5 to the destruction of a service dog for humane purposes.]

6 2. Any person who [knowingly or intentionally fails to exercise sufficient control over
7 an animal such person owns, keeps, harbors, or exercises control over to prevent the animal from
8 causing the substantial physical injury to or death of a service dog, or the subsequent inability
9 to function as a service dog as a result of the animal's attacking, chasing, or harassing the service
10 dog] , **with reckless disregard, interferes with or permits a dog that he or she owns or is in**
11 **the immediate control of to interfere with the use of a service animal by obstructing,**
12 **intimidating, or otherwise jeopardizing the safety of the service animal or its user is guilty**

13 **of a class B misdemeanor. Any second or subsequent violation of this section** is [guilty of]
14 a class A misdemeanor.

15 3. Any person who [harasses or chases a dog known to such person to be a service dog
16 is guilty of a class B misdemeanor.

17 4. Any person who owns, keeps, harbors, or exercises control over an animal and who
18 knowingly or intentionally fails to exercise sufficient control over the animal to prevent such
19 animal from chasing or harassing a service dog while such dog is carrying out the dog's function
20 as a service dog, to the extent that the animal temporarily interferes with the service dog's ability
21 to carry out the dog's function is guilty of a class B misdemeanor] **intentionally injures, kills,**
22 **or permits a dog that he or she owns or is in the immediate control of to injure or kill a**
23 **service animal is guilty of a class D felony.**

24 [5. An owner of a service dog or a person with a disability who uses a service dog may
25 file a cause of action to recover civil damages against any person who:

26 (1) Violates the provisions of subsection 1 or 2 of this section; or

27 (2) Steals a service dog resulting in the loss of the services of the service dog.

28 6. Any civil damages awarded under subsection 5 of this section shall be based on the
29 following:

30 (1) The replacement value of an equally trained service dog, without any differentiation
31 for the age or experience of the service dog;

32 (2) The cost and expenses incurred by the owner of a service dog or the person with a
33 disability who used the service dog, including:

34 (a) The cost of temporary replacement services, whether provided by another service dog
35 or by a person;

36 (b) The reasonable costs incurred in efforts to recover a stolen service dog; and

37 (c) Court costs and attorney's fees incurred in bringing a civil action under subsection
38 5 of this section.

39 7. An owner of a service dog or a person with a disability who uses a service dog may
40 file a cause of action to recover civil damages against a person who:

41 (1) Violates the provisions of subsections 1 to 4 of this section resulting in injury from
42 which the service dog recovers to an extent that the dog is able to function as a service dog for
43 the person with a disability; or

44 (2) Steals a service dog and the service dog is recovered resulting in the service dog
45 being able to function as a service dog for the person with a disability.

46 8. Any civil damages awarded under subsection 7 of this section shall be based on the
47 following:

48 (1) Veterinary medical expenses;

- 49 (2) Retraining expenses;
50 (3) The cost of temporary replacement services, whether provided by another service dog
51 or by a person;
52 (4) Reasonable costs incurred in the recovery of the service dog; and
53 (5) Court costs and attorney's fees incurred in bringing the civil action under subsection
54 7 of this section]

55 **4. (1) In addition to any other penalty, a person who is convicted of a violation of**
56 **this section shall make full restitution for all damages that arise out of or are related to the**
57 **offense, including, but not limited to, incidental and consequential damages incurred by**
58 **the service animal's user.**

59 **(2) Restitution includes, but is not limited to:**

60 **(a) The value of the animal;**

61 **(b) Replacement and training or retraining expenses for the service animal and the**
62 **user;**

63 **(c) Veterinary and other medical and boarding expenses for the service animal;**

64 **(d) Medical expenses for the user; and**

65 **(e) Lost wages or income incurred by the user during any period that the user is**
66 **without the services of the service animal.**

67 [9.] **5.** The provisions of this section shall not apply:

68 **(1) If a person with a disability, an owner, or a person having custody or supervision of**
69 **a service dog commits criminal or civil trespass; or**

70 **(2) To the destruction of a service dog for humane purposes.**

71 [10.] **6.** Nothing in this section shall be construed to preclude any other remedies
72 available at law.

 301.143. 1. As used in this section, the term "vehicle" shall have the same meaning
2 given it in section 301.010, and the term "physically disabled" shall have the same meaning
3 given it in section 301.142.

4 2. Political subdivisions of the state may by ordinance or resolution designate parking
5 spaces for the exclusive use of vehicles which display a distinguishing license plate or [card]
6 **placard** issued pursuant to section 301.071 or 301.142. Owners of private property used for
7 public parking shall also designate parking spaces for the exclusive use of vehicles which display
8 a distinguishing license plate or [card] **placard** issued pursuant to section 301.071 or 301.142.
9 Whenever a political subdivision or owner of private property so designates a parking space, the
10 space shall be indicated by a sign upon which shall be inscribed the international symbol of
11 accessibility and may also include any appropriate wording such as "Accessible Parking" to
12 indicate that the space is reserved for the exclusive use of vehicles which display a distinguishing

13 license plate or [card] **placard**. The sign described in this subsection shall also state, or an
14 additional sign shall be posted below or adjacent to the sign stating, the following: "\$50 to \$300
15 fine.". [Beginning August 28, 2011, When any political subdivision or owner of private property
16 restripes a parking lot or constructs a new parking lot, one in every four accessible spaces, but
17 not less than one, shall be served by an access aisle a minimum of ninety-six inches wide and
18 shall be designated "lift van accessible only" with signs that meet the requirements of the federal
19 Americans with Disabilities Act, as amended, and any rules or regulations established pursuant
20 thereto.] **When any political subdivision or owner of private property restripes a parking**
21 **lot or constructs a new parking lot with twenty-five or more parking spaces, the parking**
22 **lot and accessible signs shall meet the minimum requirements of the federal Americans**
23 **with Disabilities Act, as amended, and any rules or regulations established pursuant**
24 **thereto, for the number of required accessible parking spaces, which shall not be less than**
25 **one, shall be served by an access aisle a minimum of ninety-six inches wide and shall be**
26 **designated "van accessible". If any accessible space is one hundred thirty-two inches wide**
27 **or wider, then the adjacent access aisle shall be a minimum of sixty inches wide. If any**
28 **accessible space is less than one hundred thirty-two inches wide, then the adjacent access**
29 **aisle shall be a minimum of ninety-six inches wide.**

30 3. Any political subdivision, by ordinance or resolution, and any person or corporation
31 in lawful possession of a public off-street parking facility or any other owner of private property
32 may designate reserved parking spaces for the exclusive use of vehicles which display a
33 distinguishing license plate or [card] **placard** issued pursuant to section 301.071 or 301.142 as
34 close as possible to the nearest accessible entrance. Such designation shall be made by posting
35 immediately adjacent to, and visible from, each space, a sign upon which is inscribed the
36 international symbol of accessibility, and may also include any appropriate wording to indicate
37 that the space is reserved for the exclusive use of vehicles which display a distinguishing license
38 plate or [card] **placard**.

39 4. The local police or sheriff's department may cause the removal of any vehicle not
40 displaying a distinguishing license plate or [card] **placard** on which is inscribed the international
41 symbol of accessibility and the word "disabled" issued pursuant to section 301.142 or a "disabled
42 veteran" license plate issued pursuant to section 301.071 or a distinguishing license plate or
43 [card] **placard** issued by any other state from a space designated for physically disabled persons
44 if there is posted immediately adjacent to, and readily visible from, such space a sign on which
45 is inscribed the international symbol of accessibility and may include any appropriate wording
46 to indicate that the space is reserved for the exclusive use of vehicles which display a
47 distinguishing license plate or [card] **placard**. Any person who parks in a space reserved for
48 physically disabled persons and is not displaying distinguishing license plates or a [card] **placard**

49 is guilty of an infraction and upon conviction thereof shall be punished by a fine of not less than
50 fifty dollars nor more than three hundred dollars. Any vehicle which has been removed and
51 which is not properly claimed within thirty days thereafter shall be considered to be an
52 abandoned vehicle.

53 5. Spaces designated for use by vehicles displaying the distinguishing "disabled" license
54 plate issued pursuant to section 301.142 or 301.071 shall meet the requirements of the federal
55 Americans with Disabilities Act, as amended, and any rules or regulations established pursuant
56 thereto. Notwithstanding the other provisions of this section, on-street parking spaces designated
57 by political subdivisions in residential areas for the exclusive use of vehicles displaying a
58 distinguishing license plate or [card] **placard** issued pursuant to section 301.071 or 301.142 shall
59 meet the requirements of the federal Americans with Disabilities Act pursuant to this subsection
60 and any such space shall have clearly and visibly painted upon it the international symbol of
61 accessibility [and any curb adjacent to the space shall be clearly and visibly painted blue].

62 6. Any person who, without authorization, uses a distinguishing license plate or [card]
63 **placard** issued pursuant to section 301.071 or 301.142 to park in a parking space reserved under
64 authority of this section shall be guilty of a class B misdemeanor.

65 7. Law enforcement officials may enter upon private property open to public use to
66 enforce the provisions of this section and section 301.142, including private property designated
67 by the owner of such property for the exclusive use of vehicles which display a distinguishing
68 license plate or [card] **placard** issued pursuant to section 301.071 or 301.142.

69 8. Nonconforming signs or spaces otherwise required pursuant to this section which are
70 in use prior to August 28, 2011, shall not be in violation of this section during the useful life of
71 such signs or spaces. Under no circumstances shall the useful life of the nonconforming signs
72 or spaces be extended by means other than those means used to maintain any sign or space on
73 the owner's property which is not used for vehicles displaying a disabled license plate.

74 9. Beginning August 28, 2011, all new signs erected under this section shall not contain
75 the words "Handicap Parking" or "Handicapped Parking".

304.028. 1. There is hereby created in the state treasury for use by the department of
2 health and senior services a fund to be known as the "Brain Injury Fund". All judgments
3 collected pursuant to this section, federal grants, private donations and any other moneys
4 designated for the brain injury fund shall be deposited in the fund. Moneys deposited in the fund
5 shall, upon appropriation by the general assembly to the department of health and senior services,
6 be received and expended by the department for the purpose of transition [and] , integration, **and**
7 **provision of [medical,] consumer-based consumer services in comprehensive brain injury**
8 **day rehabilitation therapy; vocational, home, and community support; and** social and
9 educational [services or] activities for purposes of outreach and [supports] **support** to enable

10 individuals with [traumatic] brain injury and their families to live in the community.
11 Notwithstanding the provisions of section 33.080 to the contrary, any unexpended balance in the
12 brain injury fund at the end of any biennium shall not be transferred to the general revenue fund.

13 2. In all criminal cases including violations of any county **or municipality** ordinance or
14 any violation of criminal or traffic laws of this state, including an infraction, there shall be
15 assessed as costs a surcharge in the amount of two dollars. No such surcharge shall be collected
16 in any proceeding involving a violation of an ordinance or state law when the proceeding or
17 defendant has been dismissed by the court or when costs are to be paid by the state, county or
18 municipality.

19 3. Such surcharge shall be collected and distributed by the clerk of the court as provided
20 in sections 488.010 to 488.020. The surcharge collected pursuant to this section shall be paid
21 to the state treasury to the credit of the brain injury fund established in this section.

22 **4. The department of health and senior services, in cooperation with the**
23 **department of social services, shall seek waivers from the federal Centers for Medicare and**
24 **Medicaid Services to allow moneys from the brain injury fund to be used under the MO**
25 **HealthNet program to provide services under this section. Upon the granting of such**
26 **waiver, forty percent of all moneys in the fund shall be designated as MO HealthNet**
27 **federal match moneys under the waiver. The waivers under this subsection shall be**
28 **designed so that parity is established in funding for each of the eligible MO HealthNet**
29 **home- and community-based services for adults with brain injuries.**

30 **5. A committee shall be created to develop service descriptions, regulations, and**
31 **parity of funding for eligible MO HealthNet service areas, as needed. The ten-member**
32 **volunteer committee shall be organized by the department and shall be composed of two**
33 **representatives from each of the following: Missouri Association of Rehabilitation**
34 **Facilities, the Brain Injury Association, the Brain Injury Advisory Council, the department**
35 **of social services, and the department of health and senior services. The committee**
36 **composition shall include at least one individual with a brain injury. After services are**
37 **established under this section, the committee shall, at a minimum, meet annually to review**
38 **services using the most current department of health and senior services brain injury needs**
39 **assessment. The review process shall require the ten-member volunteer committee to be**
40 **responsible for addressing any modifications needed in the program services. Such review**
41 **process shall ensure that services are meeting the needs of brain injury consumers.**

630.170. 1. A person who is listed on the department of mental health disqualification
2 registry pursuant to this section, who is listed on the department of social services or the
3 department of health and senior services employee disqualification list pursuant to section
4 660.315, or who has been [convicted] **found guilty** of or [pled] **pleaded** guilty or nolo

5 contendere to any crime pursuant to section 565.210, 565.212, or 565.214, or section 630.155
6 or 630.160 shall be disqualified from holding any position in any public or private facility, day
7 program, residential facility, or specialized service operated, licensed, certified, accredited, in
8 possession of deemed status, or funded by the department or in any mental health facility or
9 mental health program in which people are admitted on a voluntary or involuntary basis or are
10 civilly detained pursuant to chapter 632.

11 2. A person who has been [convicted] **found guilty** of or [pled] **pleaded** guilty or nolo
12 contendere to **any felony offense as defined in chapter 195**; any felony offense against persons
13 as defined in chapter 565; any felony sexual offense as defined in chapter 566; any felony offense
14 defined in section 568.020, 568.045, 568.050, 568.060, **568.175**, 569.020, 569.025, 569.030,
15 569.035, 569.040, 569.050, 569.070, [or] 569.160, **570.030, 570.040, 570.090, 570.145,**
16 **570.223, 570.230, or 576.080**, or of an equivalent felony offense **in another state or an**
17 **equivalent federal felony offense, or an equivalent offense under the Uniform Code of**
18 **Military Justice**; [or who has been convicted of or pled guilty or nolo contendere to] any
19 violation of subsection 3 of section 198.070; **a violation of section 577.010 or 577.012 and who**
20 **is alleged and found by the court to be an aggravated or chronic offender under section**
21 **577.023**; or [has been convicted of or pled guilty or nolo contendere to] any offense requiring
22 registration under section 589.400, shall be disqualified from holding any direct-care position
23 in any public or private facility, day program, residential facility or specialized service operated,
24 licensed, certified, accredited, in possession of deemed status, or funded by the department or
25 any mental health facility or mental health program in which people are admitted on a voluntary
26 basis or are civilly detained pursuant to chapter 632.

27 3. A person who has received a suspended imposition of sentence or a suspended
28 execution of sentence following a plea of guilty to any of the disqualifying crimes listed in
29 subsection 1 or 2 of this section shall remain disqualified.

30 4. Any person disqualified pursuant to the provisions of subsection 1 or 2 of this section
31 may seek an exception to the disqualification from the director of the department or the director's
32 designee, **especially if the person is in recovery and the disqualifying felony offense was**
33 **alcohol or drug related**. The request shall be written and may not be made more than once
34 every six months. The request may be granted by the director or designee if in the judgment of
35 the director or designee a clear showing has been made by written submission only, that the
36 person will not commit any additional acts for which the person had originally been disqualified
37 for or any other acts that would be harmful to a patient, resident or client of a facility, program
38 or service. The director or designee may grant an exception subject to any conditions deemed
39 appropriate and failure to comply with such terms may result in the person again being
40 disqualified. Any person placed on the disqualification registry prior to August 28, 2012, may

41 be removed from the registry by the director or designee if in the judgment of the director or
42 designee a clear showing has been made, by written submission only, that the person will not
43 commit any additional acts for which the person had originally been disqualified for or any other
44 acts that would be harmful to a patient, resident, or client of a facility, program, or service.
45 Decisions by the director or designee pursuant to the provisions of this subsection shall not be
46 subject to appeal. The right to request an exception pursuant to this subsection shall not apply
47 to persons who are disqualified due to being listed on the department of social services or
48 department of health and senior services employee disqualification list pursuant to section
49 660.315, nor to persons disqualified from employment due to any crime pursuant to the
50 provisions of chapter 566 or section 565.020, 565.021, 568.020, 568.060, 569.025, or 569.070.

51 5. An applicant for a position in any public or private facility, day program, residential
52 facility, or specialized service operated, licensed, certified, accredited, in possession of deemed
53 status, or funded by the department or any mental health facility or mental health program in
54 which people are admitted on a voluntary basis or are civilly detained pursuant to chapter 632
55 shall:

56 (1) Sign a consent form [as] required [by] **under** section 43.540 to provide written
57 consent for a criminal record review;

58 (2) Disclose the applicant's criminal history. For the purposes of this subdivision
59 "criminal history" includes any suspended imposition of sentence, any suspended execution of
60 sentence, or any period of probation or parole; and

61 (3) Disclose if the applicant is listed on the employee disqualification list as provided
62 in section 660.315, or the department of mental health disqualification registry as provided for
63 in this section.

64 6. Any person who has received a good cause waiver issued by the department of health
65 and senior services or its predecessor under subsection [9] **10** of section 660.317 shall not require
66 an additional exception under this section in order to be employed in a long-term care facility
67 licensed under chapter 198.

68 7. Any public or private residential facility, day program, or specialized service operated,
69 licensed, certified, accredited, in possession of deemed status, or funded by the department or
70 any mental health facility or mental health program in which people are admitted on a voluntary
71 basis or are civilly detained pursuant to chapter 632 shall, not later than two working days after
72 hiring any person for a full-time, part-time, or temporary position that will have contact with
73 clients, residents, or patients:

74 (1) Request a criminal background check as provided in section 43.540;

75 (2) Make an inquiry to the department of social services and department of health and
76 senior services to determine whether the person is listed on the employee disqualification list as
77 provided in section 660.315; and

78 (3) Make an inquiry to the department of mental health to determine whether the person
79 is listed on the disqualification registry as provided in this section.

80 8. An applicant who knowingly fails to disclose his or her criminal history as required
81 in subsection 5 of this section is guilty of a class A misdemeanor. A provider is guilty of a class
82 A misdemeanor if the provider hires a person to hold a direct-care position knowing that such
83 person has been disqualified pursuant to the provisions of subsection 2 of this section. A
84 provider is guilty of a class A misdemeanor if the provider hires a person to hold any position
85 knowing that such person has been disqualified pursuant to the provisions of subsection 1 of this
86 section.

87 9. Any public or private residential facility, day program, or specialized service operated,
88 licensed, certified, accredited, in possession of deemed status or funded by the department or any
89 mental health facility or mental health program in which people are admitted on a voluntary basis
90 or are civilly detained pursuant to chapter 632 that declines to employ or discharges a person
91 who is disqualified pursuant to the provisions of subsection 1 or 2 of this section shall be
92 immune from suit by that person or anyone else acting for or in behalf of that person for the
93 failure to employ or for the discharge of the person due to disqualification.

94 10. Any employer who is required to discharge an employee because the employee was
95 placed on a disqualification registry maintained by the department of mental health after the date
96 of hire shall not be charged for unemployment insurance benefits based on wages paid to the
97 employee for work prior to the date of discharge pursuant to section 288.100.

98 11. The department shall maintain a disqualification registry and place on the registry
99 the names of any persons who have been finally determined by the department to be disqualified
100 based upon administrative substantiations made against them for abuse or neglect pursuant to
101 department rule or regulation. Such list shall reflect that the person is barred from holding any
102 position in any public or private facility, day program, residential facility, or specialized service
103 operated, licensed, certified, accredited, in possession of deemed status, or funded by the
104 department, or any mental health facility or mental health program in which persons are admitted
105 on a voluntary basis or are civilly detained pursuant to chapter 632. The length of time the
106 person's name shall appear on the disqualification registry shall be determined by the director or
107 the director's designee, based upon the criteria contained in subsection 13 of this section.

108 12. Persons notified that their name will be placed on the disqualification registry may
109 appeal such determination pursuant to department rule or regulation. If the person appeals, the
110 hearing tribunal shall not modify the length of time the person's name shall appear on the

111 disqualification registry if the hearing tribunal upholds all of the administrative substantiations
112 made by the director or the director's designee. If the hearing tribunal overturns part of the
113 administrative substantiations made by the director or the director's designee, the hearing tribunal
114 may consider modifying the length of time the person's name shall appear on the disqualification
115 registry based upon testimony and evidence received during the hearing.

116 13. The length of time the person's name shall appear on the disqualification registry
117 shall be determined by the director or the director's designee based upon the following:

118 (1) Whether the person acted recklessly or knowingly, as defined in chapter 562;

119 (2) The degree of actual or potential injury or harm to the patient, resident, or client;

120 (3) The degree of actual or potential danger to the health, safety, or welfare of the patient,
121 resident, or client;

122 (4) The degree of misappropriation or conversion of patient, resident, or client funds or
123 property;

124 (5) Whether the person has previously been listed on the department's disqualification
125 registry;

126 (6) Any mitigating circumstances; and

127 (7) Any aggravating circumstances.

128 14. The department shall provide the disqualification registry maintained pursuant to this
129 section to other state and federal agencies upon request. The department may provide the
130 disqualification registry maintained pursuant to this section to any public or private facility, day
131 program, residential facility, or specialized service operated, licensed, certified, accredited, in
132 possession of deemed status, or funded by the department or to any mental health facility or
133 mental health program in which people are admitted on a voluntary or involuntary basis or are
134 civilly detained pursuant to chapter 632. The department may also provide the disqualification
135 registry to a recognized school of nursing, medicine, or other health profession for the purpose
136 of determining whether students scheduled to participate in clinical rotations are included in the
137 employee disqualification registry.

2 Section B. The provisions of section 161.870 of this act shall terminate on January 1,
2 2014.

2 Section C. Because immediate action is necessary to ensure compliance with the federal
2 Americans With Disabilities Act, the repeal and reenactment of section 301.143 of section A of
3 this act is deemed necessary for the immediate preservation of the public health, welfare, peace,
4 and safety, and is hereby declared to be an emergency act within the meaning of the constitution,
5 and the repeal and reenactment of section 301.143 of section A of this act shall be in full force
6 and effect upon its passage and approval.

✓