

*NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Gaming Commission, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. A public hearing is scheduled for Tuesday, September 13, 2016 at 10:00 a.m., in the Missouri Gaming Commission's Hearing Room, 3417 Knipp Drive, Jefferson City, Missouri.*

**Title 11—DEPARTMENT OF PUBLIC SAFETY  
Division 45—Missouri Gaming Commission  
Chapter 30—Bingo**

**PROPOSED AMENDMENT**

**11 CSR 45-30.600 Electronic Bingo Card Monitoring Devices.** The commission is amending section (7).

*PURPOSE: This amendment changes the requirements from member to worker for downloading Electronic Bingo Card Monitoring Device (EBCMD).*

(7) No EBCMD shall be able to monitor more than fifty-four (54) bingo cards per game.

(A) An EBCMD shall be downloaded with electronic bingo cards only by an approved bingo worker or authorized representative of the licensed supplier if accompanied by an approved [member] worker of the licensed organization.

*AUTHORITY: section 313.040, RSMo Supp. 2014, section[s] 313.005, [and] RSMo Supp. 2013, and section 313.065, RSMo 2000. Original rule filed Nov. 10, 1998, effective June 30, 1999. For intervening history, please consult the Code of State Regulations. Amended: Filed June 30, 2016.*

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

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

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**Title 11—DEPARTMENT OF PUBLIC SAFETY  
Division 45—Missouri Gaming Commission  
Chapter 30—Bingo**

**PROPOSED AMENDMENT**

**11 CSR 45-30.610 Wireless Technology.** The commission is amending section (2).

*PURPOSE: This rule changes the requirements for using wireless electronic bingo monitoring devices (EBCMDs).*

(2) [The licensed manufacturer shall ensure any electronic

bingo card monitoring device is not capable of loading bingo faces wirelessly.] **Bingo faces shall not be loaded wirelessly on an electronic bingo card monitoring device after that device has been provided to the patron.**

*AUTHORITY: section 313.040, RSMo Supp. 2014, section[s] 313.005, [and] RSMo Supp. 2013, and section 313.065, RSMo 2000. Original rule filed Jan. 27, 2006, effective Sept. 30, 2006. Amended: Filed June 25, 2015, effective Feb. 29, 2016. Amended: Filed June 30, 2016.*

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

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

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**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 70—MO HealthNet Division  
Chapter 3—Conditions of Provider Participation,  
Reimbursement and Procedure of General Applicability**

**PROPOSED RULE**

**13 CSR 70-3.260 Payment Policy for Asthma Education and In-Home Environmental Assessments**

*PURPOSE: This rule establishes the MO HealthNet payment policy for asthma education and in-home environmental assessments. To improve the health of MO HealthNet's participants with asthma and to reduce MO HealthNet's costs associated with participants with uncontrolled asthma, MO HealthNet will implement a statewide asthma education and home assessment program focusing on youth participants who are most at risk of having uncontrolled asthma.*

(1) The following definition(s) will be used in administering this rule:

(A) Asthma Education-direct training of the patient and family by qualified asthma education provider in areas including, but not limited to, avoiding triggers, medication compliance, proper use of inhalers, and use of durable medical equipment;

(B) In-Home Environmental Assessment-thorough and detailed analysis of the home environment by a qualified environmental assessment provider evaluating for asthma triggers including, but not limited to, rodent excrement, mites, animal dander, insects, dust, mold with recommendations for remedial actions;

(C) Uncontrolled Asthma-those with a primary diagnosis of asthma with one (1) or more asthma-related hospitalization in a twelve- (12-) month period, two (2) asthma-related emergency department visits in a twelve- (12-) month period, or three (3) or more urgent care visits in a twelve- (12-) month period, and over use of rescue inhalers and/or under use of inhaled corticosteroids;

(D) Qualified Academic University-Based Centers.

1. The academic university-based center responsible for tracking asthma educators must meet the following criteria:

A. Serve as a contractor for the Centers for Disease Control

(CDC) National Asthma Control Program (NACP) funded by Missouri Asthma Prevention and Control Program (MAPCP);

B. Maintain a comprehensive database that contains information on individuals trained receiving Expert Panel Report 3 (EPR-3) compliant asthma training;

C. Staff providing the training must be a Certified Asthma Educator as recognized by the National Association of Asthma Educators; and

D. Provide training that focuses on educational/behavioral objectives in four (4) key areas—

- (I) Inhaled corticosteroid adherence;
- (II) Inhaled technique;
- (III) Environmental trigger reduction; and
- (IV) Regular check-ups with control measures.

2. The academic university-based center responsible for tracking asthma in-home environmental assessors must meet the following criteria:

A. Serve as the contractor for the CDC NACP funded MAPCP;

B. Provide a vital linkage between health care providers and public health resources through a Central Access Point (CAP);

C. Maintain a comprehensive database that contains information on individuals trained specific to Home Environmental Assessments (HEAs) for asthma trigger identification and reduction in the home setting; and

D. Track quality indicators and collect required outcomes data;

(E) Qualified providers (asthma education and environmental assessment)-a professional with appropriate training, as defined in section (4) of this regulation, in asthma education or environmental/home assessment, as evidenced by a national and/or state certification from an accepted program; and

(F) Youth participants-any individual younger than the age of twenty-one (21) or Independent Foster Care Adolescents who are in foster care at age eighteen (18), or at any time during the thirty- (30-) day period preceding their eighteenth birthday through age twenty-five (25) (208.151(26), RSMo).

## (2) Definition of Medical Services.

### (A) Asthma education—

1. Asthma education non-physician, (thirty- (30-) minute sessions, twice per year); or

2. Preventive medicine counseling, individual, (fifteen- (15-) minute sessions four (4) times per year); or

3. Preventive medicine counseling, individual, (thirty- (30-) minute sessions twice per year); or

4. Self-Management Education using standardized effective curriculum, individually, either incident to a clinical encounter or as preventative service, (ninety- (90-) minute session once per year).

### (B) In-Home Environmental Assessment—

1. Asthma in-home environmental assessment non-physician.

(3) Recipient Criteria. In order to qualify for, and receive, asthma education and/or in-home environmental assessments, the participant must have a primary diagnosis of asthma and meet the MO HealthNet Division's (MHD) definition of a youth participant with uncontrolled asthma or at risk for an asthmatic attack. MHD will include the following criteria in defining participant eligibility:

- (A) Age;
- (B) Inpatient hospital stays;
- (C) Emergency room and urgent care visits;
- (D) Overuse of rescue inhalers; and
- (E) Under use of inhaled corticosteroids.

(4) Qualified Provider Criteria. A qualified provider must meet the minimum education and certification requirements to qualify as a provider of asthma education and/or in-home environmental assessments set forth in this subsection.

### (A) Asthma Education—

1. Asthma educators must have the credentials set forth in this subsection:

A. Any professional background with the corresponding professional degree from an accredited institution in good standing; and

B. Asthma educators must have one (1) of the following certifications in good standing:

(I) Current and active National Asthma Educator Certification (AEC);

(a) Thirty-five (35) Continuing Education Unit (CEU) every five (5) years; or

(b) Retake AEC asthma educator exam within the timeframes set forth by the AEC; or

(II) State certification. The provider must have certification from an accredited Missouri training program that utilizes the accredited National Association of Asthma Educators Curriculum "Becoming an Asthma Educator and Care Manager." A Missouri training program certificate means that the student is competent to provide services upon graduation and with the same level of expertise as expected with national certification, including;

(a) Program may contain a mix of didactics with practicum work in the field; and

(b) The graduates are required to maintain the same number of CEUs as the national program—

I. Thirty-five (35) CEUs every five (5) years; or

II. Retake certification exam every seven (7) years.

C. The qualified academic university-based center responsible for tracking asthma educators will maintain an up-to-date database of credentialed asthma education providers in Missouri and will monitor compliance with national and state certifications;

2. Mentor program. A mentee is someone who is working towards a certificate. Once certified, the asthma educator can become a mentor for individuals that are seeking their national certification. Mentors, who must be an enrolled Medicaid provider, can have a maximum of three (3) mentees at a time. Mentors have the capability of billing MHD for their services, while mentees cannot. Services provided by a mentee under the supervision of the mentor can be billed to MHD by the mentor. Individuals that qualify for a mentorship are individuals not certified as asthma educators and seeking either national or state certification. These individuals can be mentored for a maximum timeframe of eighteen (18) months to obtain one thousand (1,000) hours of service. Once the one thousand (1,000) hours are obtained, the mentee must attempt to obtain the National AEC or the state certification.

(B) In-home environmental assessors must have the credentials set forth in this subsection—

1. Any professional background with the corresponding professional degree from an accredited institution in good standing; and

2. An in-home environmental assessor must have one (1) of the following certifications in good standing:

#### A. National Certification—

(I) National Environmental Health Association (NEHA) Healthy Home Specialist; or

(II) NEHA Healthy Home Evaluator Micro-Credential; or

#### B. State Certification—

(I) The provider must have certification from an accredited Missouri training program that provides a certificate for in-home environmental assessors;

(II) A Missouri training program certificate means that the student is competent to provide services upon graduation and with the same level of expertise as expected with the national certification; and

3. The qualifying academic university-based center responsible for tracking asthma in-home environmental assessors will maintain an up-to-date database of credentialed asthma in-home environmental assessment providers in Missouri and will monitor for compliance with national and state certifications.

(5) Process for Enrollment in Asthma Education and In-Home Environmental Assessments.

(A) A physician's referral as part of a normal office visit for evaluation and management is necessary for both asthma education and in-home environmental assessment. The physician must prescribe the service in the participant's plan of care for services to be considered.

(B) As part of the referral, a physician determines and specifies the level and type of asthma education and in-home environmental assessment based on available history and in consultation with asthma educators and in-home environmental assessors, as needed.

(C) The physician must seek prior authorization from MHD.

(6) Qualifying Academic University-Based Centers will evaluate, certify, and track physician referrals. Qualifying academic university-based centers will function to handle physician referrals for asthma education and environmental home assessment statewide for qualified asthma educators and in-home environmental assessors when requested by the physician by providing MHD with the following services:

(A) The qualified academic university-based center responsible for tracking asthma in-home environmental assessors must maintain a list of all certified in-home environmental assessors in the state;

(B) The qualified academic university-based center responsible for tracking asthma educators must maintain a list of all trained asthma educators in the state;

(C) The qualified academic university-based centers must make referrals to qualified local community providers after receiving the physician referral for asthma education and/or environmental home assessments, if requested by the prescribing physician;

(D) The qualified academic university-based centers must maintain a website with an up-to-date provider list for physicians and their offices to utilize to consult asthma educators and asthma in-home environmental assessors to provide services to participants once a prior authorization has been approved; and

(E) An up-to-date provider list must also be available to providers on the Department of Social Services' website <https://dssapp.dss.mo.gov/providerlist/providers.asp>

(7) Model/Algorithm for identifying the eligible population. The youth participant must have a primary diagnosis of asthma and—

(A) One (1) or more inpatient stays related to asthma; or

(B) Two (2) or more emergency department visits related to asthma; or

(C) Three (3) or more urgent care visits related to asthma; or

(D) One (1) emergency department visit or one (1) urgent care visit related to asthma with a high rate of short-acting beta-agonist inhaler fills and/or low rates of inhaled corticosteroid refills; or

(E) Responsible provider prescribes services in the plan of care.

(8) Authorization Limits.

(A) All services will require a prior authorization.

(B) Annual limit of asthma education visits will be dependent on the codes used, but shall not exceed one (1) hour per year with the exception of one (1) ninety- (90-) minute self-management session and two (2) in-home environmental assessments that are allowed annually. Any additional asthma education and environmental in-home assessments will need to go through the prior authorization process and be deemed medically necessary.

(9) Reimbursement Methodology for Asthma Education and In-Home Environmental Assessments.

(A) MHD shall provide reimbursement for asthma education and in-home environmental assessments to enrolled asthma educators and environmental assessors who are currently certified and in good standing with the state.

(B) Reimbursement for services is made on a fee-for-services basis. The maximum allowable fee for a unit of service has been determined by MHD to be a reasonable fee, consistent with efficien-

cy, economy, and quality of care. Payment for covered services is the lower of the provider's actual billed charge (should be the provider's usual and customary charge to the general public for the service), or the maximum allowable per unit of service. Reimbursement shall only be made for services authorized by MHD or its designee.

(C) The fee schedule and any annual/periodic adjustments to the fee schedule are published at <http://www.dss.mo.gov/mhd/providers/index.htm>.

*AUTHORITY: section 208.201, RSMo Supp 2013. Original rule filed June 23, 2016.*

*PUBLIC COST: The proposed rule will cost state agencies or political subdivisions one million two hundred fifty thousand (\$1.25 million) in the aggregate.*

*PRIVATE COST: This proposed rule will cost private entities twenty-six thousand six hundred twenty-six dollars (\$26,626) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be delivered by regular mail, express or overnight mail, in person, or by courier within thirty (30) days after publication of this notice in the Missouri Register. If to be hand-delivered, comments must be brought to the MO HealthNet Division at 615 Howerton Court, Jefferson City, MO 65109. No public hearing is scheduled.*

**FISCAL NOTE  
PUBLIC COST**

- I. Department Title: Title 13 - Department of Social Services  
Division Title: Division 70 - MO HealthNet Division  
Chapter Title:**

<b>Rule Number and Name:</b>	13 CSR 70-3.260 Asthma Services
<b>Type of Rulemaking:</b>	Proposed Rule

**II. SUMMARY OF FISCAL IMPACT**

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
<b>Department of Social Services, MO HealthNet Division</b>	<b>Annual Fiscal Year Cost – \$1,250,000</b>

**III. WORKSHEET**

Total cost for the program is estimated to be \$1,250,000. MO HealthNet determined 1,502 children in fee for service would be eligible at a cost of \$350 per child, for a total cost of \$525,700. MO HealthNet determined there would be 1,998 children in managed care that would be eligible at a cost of \$350, for a total cost of \$699,300. There would also be an actuarial analysis in year one of \$25,000. The total cost for fee for service and managed care is estimated at \$1,250,000

**IV. ASSUMPTIONS**

MO HealthNet assumes that 3,500 children could receive services. This was based on 2014 HEDIS requirements for the denominator of the measure "Use of Appropriate Medications for People with Asthma". Of those participants meeting this criteria, MO HealthNet further refined the group by identifying only MO HealthNet children with an Emergency Room visit or an Inpatient Stay.

MO HealthNet assumes that each child identified could receive \$350 in services per year. This would consist of 2 in-home assessments per year at \$125 each and (4) four 15-minute sessions of asthma education at \$25 per 15-minutes, or (1) one 90-minute session at \$100 for 90 minutes.

MO HealthNet assumes that 1,502 participants will be in fee-for-service and 1,998 will be in Managed Care. The cost for fee-for-service are estimated to be \$525,700 (1,502 x \$350). The cost for those in Managed Care are estimated to be \$699,300 (1,998 x \$350). This cost will be included in the capitated rate. There will also be an actuarial analysis for the first year, estimated to be \$25,000.

The savings were calculated using a benefit cost ratio from an article published in the American Journal of Preventive Medicine, and applied to the MO HealthNet population for Emergency Department and Inpatient Hospital Admissions.

The Fee for Service savings were estimated at the mid-range of the cost savings, which is a total of (\$912,888) – GR (\$334,824); FF – (\$578,064).

The Managed Care savings were estimated at the mid-range of the cost savings, which is a total of (\$933,275) – GR (\$342,302); FF – (\$590,973).

The Fee For Service Net savings in FY16 is estimated to be  
TOTAL - (\$387,188); GR - (\$142,011); FF - (\$245,177).

The Managed Care cost in FY 16 is estimated to be  
TOTAL – (\$208,975); GR – (\$73,316); FF – (\$135,659).

**FISCAL NOTE  
PRIVATE COST**

- I. Department Title: Department of Social Services  
Division Title: Division 70 - MO HealthNet Division  
Chapter Title:**

<b>Rule Number and Title:</b>	13 CSR 70-3.260 Asthma Education and Asthma Environmental Assessments
<b>Type of Rulemaking:</b>	Proposed Rule

**II. SUMMARY OF FISCAL IMPACT**

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
<b>2</b>	<b>Academic University-Based Centers</b>	<b>Estimated Cost for SFY 2016 \$26,626</b>

**III. WORKSHEET**

The total cost for academic university-based centers is \$26,626.

**IV. ASSUMPTIONS**

Southeast Missouri State University estimates the cost to certify an individual is \$75 per individual and there are about 150 people per year that go through the program for a total cost of \$11,250.

The University of Missouri Columbia will assist once per week to check status of educator's certificates and determine if they are completing their CEUs. The project total is \$15,376.

Total cost for Southeast Missouri State University and the University of Missouri Columbia are \$26,626.