

House _____ Amendment NO. _____

Offered By

1 AMEND House Committee Substitute for Senate Bill No. 275, Page 22, Section 196.100, Line 18,
2 by inserting after all of said section and line the following:

3
4 "197.108. 1. The department shall not assign an individual to inspect or survey a hospital,
5 for any purpose, in which the inspector or surveyor was an employee of such hospital or another
6 hospital within its organization in the preceding two years.

7 2. For any inspection or survey of a hospital, regardless of the purpose, the department shall
8 require every newly hired inspector or surveyor at the time of hiring or, with respect to any currently
9 employed inspector or surveyor as of August 28, 2019, to disclose:

10 (1) The name of every hospital in which he or she has been employed in the last ten years
11 and the approximate length of service and the job title at the hospital; and

12 (2) The name of any member of his or her immediate family who has been employed in the
13 last ten years or is currently employed at a hospital and the approximate length of service and the
14 job title at the hospital. The disclosures under this subsection shall be disclosed to the department
15 whenever the event giving rise to disclosure first occurs.

16 3. For purposes of this section, the phrase "immediate family member" shall mean husband,
17 wife, natural or adoptive parent, child, sibling, stepparent, stepchild, stepbrother, stepsister, father-
18 in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparent, or
19 grandchild.

20 4. The information called for in this section shall be a public record under the provisions of
21 subdivision (6) of section 610.010.

22 5. Any person may notify the department if facts exist that would lead a reasonable person
23 to conclude that any inspector or surveyor has any personal or business affiliation that would result
24 in a conflict of interest in conducting an inspection or survey for a hospital. Upon receiving that
25 notice, the department, when assigning an inspector or surveyor to inspect or survey a hospital, for
26 any purpose, shall take steps to verify the information and, if the department has probable cause to
27 believe that is correct, shall not assign the inspector or surveyor to the hospital or any hospital
28 within its organization so as to avoid an appearance of prejudice or favor to the hospital or bias on
29 the part of the inspector or surveyor.

30 197.305. As used in sections 197.300 to 197.366, the following terms mean:

31 (1) "Affected persons", the person proposing the development of a new institutional health
32 service, the public to be served, and health care facilities within the service area in which the
33 proposed new health care service is to be developed;

34 (2) "Agency", the certificate of need program of the Missouri department of health and
35 senior services;

36 (3) "Capital expenditure", an expenditure by or on behalf of a health care facility which,

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1 under generally accepted accounting principles, is not properly chargeable as an expense of
2 operation and maintenance;

3 (4) "Certificate of need", a written certificate issued by the committee setting forth the
4 committee's affirmative finding that a proposed project sufficiently satisfies the criteria prescribed
5 for such projects by sections 197.300 to 197.366;

6 (5) "Develop", to undertake those activities which on their completion will result in the
7 offering of a new institutional health service or the incurring of a financial obligation in relation to
8 the offering of such a service;

9 (6) "Expenditure minimum" shall mean:

10 (a) For beds in existing or proposed health care facilities licensed pursuant to chapter 198
11 and long-term care beds in a hospital as described in subdivision (3) of subsection 1 of section
12 198.012, six hundred thousand dollars in the case of capital expenditures, or four hundred thousand
13 dollars in the case of major medical equipment, provided, however, that prior to January 1, 2003, the
14 expenditure minimum for beds in such a facility and long-term care beds in a hospital described in
15 section 198.012 shall be zero, subject to the provisions of subsection 7 of section 197.318;

16 (b) For beds or equipment in a long-term care hospital meeting the requirements described
17 in 42 CFR, Section 412.23(e), the expenditure minimum shall be zero; and

18 (c) For health care facilities, new institutional health services or beds not described in
19 paragraph (a) or (b) of this subdivision, one million dollars in the case of capital expenditures,
20 excluding major medical equipment, and one million dollars in the case of medical equipment;

21 (7) "Health service area", a geographic region appropriate for the effective planning and
22 development of health services, determined on the basis of factors including population and the
23 availability of resources, consisting of a population of not less than five hundred thousand or more
24 than three million;

25 (8) "Major medical equipment", medical equipment used for the provision of medical and
26 other health services;

27 (9) "New institutional health service":

28 (a) The development of a new health care facility costing in excess of the applicable
29 expenditure minimum;

30 (b) The acquisition, including acquisition by lease, of any health care facility, or major
31 medical equipment costing in excess of the expenditure minimum;

32 (c) Any capital expenditure by or on behalf of a health care facility in excess of the
33 expenditure minimum;

34 (d) Predevelopment activities as defined in subdivision (12) hereof costing in excess of one
35 hundred fifty thousand dollars;

36 (e) Any change in licensed bed capacity of a health care facility licensed under chapter 198
37 which increases the total number of beds by more than ten or more than ten percent of total bed
38 capacity, whichever is less, over a two-year period, provided that any such health care facility
39 seeking ~~a nonapplicability review for~~ an increase in total beds or total bed capacity in an amount
40 less than described in this paragraph shall be eligible for such review only if the facility has had no
41 patient care class I deficiencies within the last eighteen months and has maintained at least an
42 eighty-five percent average occupancy rate for the previous six quarters;

43 (f) Health services, excluding home health services, which are offered in a health care
44 facility and which were not offered on a regular basis in such health care facility within the twelve-
45 month period prior to the time such services would be offered;

46 (g) A reallocation by an existing health care facility of licensed beds among major types of
47 service or reallocation of licensed beds from one physical facility or site to another by more than ten
48 beds or more than ten percent of total licensed bed capacity, whichever is less, over a two-year
49 period;

1 (10) "Nonsubstantive projects", projects which do not involve the addition, replacement,
2 modernization or conversion of beds or the provision of a new health service but which include a
3 capital expenditure which exceeds the expenditure minimum and are due to an act of God or a
4 normal consequence of maintaining health care services, facility or equipment;

5 (11) "Person", any individual, trust, estate, partnership, corporation, including associations
6 and joint stock companies, state or political subdivision or instrumentality thereof, including a
7 municipal corporation;

8 (12) "Predevelopment activities", expenditures for architectural designs, plans, working
9 drawings and specifications, and any arrangement or commitment made for financing; but excluding
10 submission of an application for a certificate of need.

11 197.318. 1. As used in this section, the term "licensed and available" means beds which are
12 actually in place and for which a license has been issued.

13 2. The committee shall review all letters of intent and applications for long-term care
14 hospital beds meeting the requirements described in 42 CFR, Section 412.23(e) under its criteria and
15 standards for long-term care beds.

16 3. Sections 197.300 to 197.366 shall not be construed to apply to litigation pending in state
17 court on or before April 1, 1996, in which the Missouri health facilities review committee is a
18 defendant in an action concerning the application of sections 197.300 to 197.366 to long-term care
19 hospital beds meeting the requirements described in 42 CFR, Section 412.23(e).

20 4. Notwithstanding any other provision of this chapter to the contrary:

21 (1) A facility licensed pursuant to chapter 198 may increase its licensed bed capacity by:

22 (a) Submitting a letter of intent to expand to the department of health and senior services
23 and the health facilities review committee;

24 (b) Certification from the department of health and senior services that the facility:

25 a. Has no patient care class I deficiencies within the last eighteen months; and

26 b. Has maintained [~~a ninety-percent~~] an eighty-five percent average occupancy rate for the
27 previous six quarters;

28 (c) Has made an effort to purchase beds for eighteen months following the date the letter of
29 intent to expand is submitted pursuant to paragraph (a) of this subdivision. For purposes of this
30 paragraph, an "effort to purchase" means a copy certified by the offeror as an offer to purchase beds
31 from another licensed facility in the same licensure category; and

32 (d) If an agreement is reached by the selling and purchasing entities, the health facilities
33 review committee shall issue a certificate of need for the expansion of the purchaser facility upon
34 surrender of the seller's license; or

35 (e) If no agreement is reached by the selling and purchasing entities, the health facilities
36 review committee shall permit an expansion for:

37 a. A facility with more than forty beds may expand its licensed bed capacity within the same
38 licensure category by twenty-five percent or thirty beds, whichever is greater, if that same licensure
39 category in such facility has experienced an average occupancy of ninety-three percent or greater
40 over the previous six quarters;

41 b. A facility with fewer than forty beds may expand its licensed bed capacity within the
42 same licensure category by twenty-five percent or ten beds, whichever is greater, if that same
43 licensure category in such facility has experienced an average occupancy of ninety-two percent or
44 greater over the previous six quarters;

45 c. A facility adding beds pursuant to subparagraphs a. or b. of this paragraph shall not
46 expand by more than fifty percent of its then licensed bed capacity in the qualifying licensure
47 category;

48 (2) Any beds sold shall, for five years from the date of relicensure by the purchaser, remain
49 unlicensed and unused for any long-term care service in the selling facility, whether they do or do

1 not require a license;

2 (3) The beds purchased shall, for two years from the date of purchase, remain in the bed
3 inventory attributed to the selling facility and be considered by the department of social services as
4 licensed and available for purposes of this section;

5 (4) Any residential care facility licensed pursuant to chapter 198 may relocate any portion of
6 such facility's current licensed beds to any other facility to be licensed within the same licensure
7 category if both facilities are under the same licensure ownership or control, and are located within
8 six miles of each other;

9 (5) A facility licensed pursuant to chapter 198 may transfer or sell individual long-term care
10 licensed and available beds to facilities qualifying pursuant to paragraphs (a) and (b) of subdivision
11 (1) of this subsection. Any facility which transfers or sells licensed and available beds shall not
12 expand its licensed bed capacity in that licensure category for a period of five years from the date
13 the licensure is relinquished and until the average occupancy of licensed and available beds in that
14 licensure category within a fifteen-mile radius is eighty-five percent for the prior six quarters. Any
15 facility which transfers or sells licensed and available beds shall have an average occupancy rate of
16 less than seventy percent in the last six quarters.

17 5. Any existing licensed and operating health care facility offering long-term care services
18 may replace one-half of its licensed beds at the same site or a site not more than thirty miles from its
19 current location if, for at least the most recent four consecutive calendar quarters, the facility
20 operates only fifty percent of its then licensed capacity with every resident residing in a private
21 room. In such case:

22 (1) The facility shall report to the health and senior services vacant beds as unavailable for
23 occupancy for at least the most recent four consecutive calendar quarters;

24 (2) The replacement beds shall be built to private room specifications and only used for
25 single occupancy; and

26 (3) The existing facility and proposed facility shall have the same owner or owners,
27 regardless of corporate or business structure, and such owner or owners shall stipulate in writing that
28 the existing facility beds to be replaced will not later be used to provide long-term care services. If
29 the facility is being operated under a lease, both the lessee and the owner of the existing facility
30 shall stipulate the same in writing.

31 6. Nothing in this section shall prohibit a health care facility licensed pursuant to chapter
32 198 from being replaced in its entirety within fifteen miles of its existing site so long as the existing
33 facility and proposed or replacement facility have the same owner or owners regardless of corporate
34 or business structure and the health care facility being replaced remains unlicensed and unused for
35 any long-term care services whether they do or do not require a license from the date of licensure of
36 the replacement facility.

37 198.610. 1. The provisions of sections 198.610 to 198.630 shall be known and may be cited
38 as the "Authorized Electronic Monitoring in Long-Term Care Facilities Act".

39 2. For purposes of sections 198.610 to 198.630, the following terms shall mean:

40 (1) "Authorized electronic monitoring", the placement and use of an electronic monitoring
41 device by a resident in his or her room in accordance with the provisions of sections 198.610 to
42 198.630;

43 (2) "Department", the department of health and senior services;

44 (3) "Electronic monitoring device", a surveillance instrument with a fixed position video
45 camera or an audio recording device, or a combination thereof, that is installed in a resident's room
46 under the provisions of sections 198.610 to 198.630 and broadcasts or records activity or sounds
47 occurring in the room;

48 (4) "Facility", any residential care facility, assisted living facility, intermediate care facility,
49 or skilled nursing facility;

1 (5) "Resident", a person residing in a facility;

2 (6) "Resident's representative", a resident's legal representative.

3 198.612. 1. A resident may be permitted to conduct authorized electronic monitoring of the
4 resident's room through the use of electronic monitoring devices placed in the room under the
5 provisions of sections 198.610 to 198.630 if the facility in which the resident resides permits
6 electronic monitoring devices in its policies and procedures and if the electronic monitoring devices
7 comply with the facility's requirements therein.

8 2. Nothing in sections 198.610 to 198.630 shall be construed to allow the use of an
9 electronic monitoring device to take still photographs or for the nonconsensual interception of
10 private communications.

11 3. Except as otherwise provided in this section, a resident, a resident's representative, or the
12 parent of a resident under eighteen years of age and the facility shall consent in writing on a
13 notification and consent form prescribed by the department in order for authorized electronic
14 monitoring to be conducted in the resident's room. If the resident has not affirmatively objected to
15 the authorized electronic monitoring and the resident's physician determines that the resident lacks
16 the ability to understand and appreciate the nature and consequences of electronic monitoring, the
17 following individuals may consent on behalf of the resident in order of priority:

18 (1) An attorney-in-fact under a durable power of attorney for health care;

19 (2) The resident's representative;

20 (3) The resident's spouse;

21 (4) The resident's parent;

22 (5) The resident's adult child who has the written consent of all other adult children of the
23 resident to act as the sole decision maker regarding authorized electronic monitoring; or

24 (6) The resident's adult brother or sister who has the written consent of all other adult
25 siblings of the resident to act as the sole decision maker regarding authorized electronic monitoring.

26 4. Prior to another person, other than a resident's representative, consenting on behalf of a
27 resident eighteen years of age or older in accordance with the provisions of sections 198.610 to
28 198.630, the resident shall be asked by that person, in the presence of a facility employee, if he or
29 she wants authorized electronic monitoring to be conducted. The person shall explain to the
30 resident:

31 (1) The type of electronic monitoring device to be used;

32 (2) The standard conditions that may be placed on the electronic monitoring device's use
33 including those listed in subdivision (7) of subsection 2 of section 198.614;

34 (3) With whom the recording may be shared according to section 198.622; and

35 (4) The resident's ability to decline all recording.

36
37 For the purposes of this subsection, a resident affirmatively objects if he or she orally, visually, or
38 through the use of auxiliary aids or services declines authorized electronic monitoring. The
39 resident's response shall be documented on the notification and consent form.

40 5. A resident or roommate may consent to authorized electronic monitoring with any
41 conditions of the resident's choosing including, but not limited to, the list of standard conditions
42 provided in subdivision (7) of subsection 2 of section 198.614. A resident or roommate may request
43 that the electronic monitoring device be turned off or the visual recording component of the
44 electronic monitoring device be blocked at any time.

45 6. Prior to the authorized electronic monitoring, a resident shall obtain the written consent of
46 any other resident residing in the room on the notification and consent form prescribed by the
47 department. Except as otherwise provided in this subsection, a roommate, a roommate's legal
48 representative, or the parent of a roommate under eighteen years of age shall consent in writing to
49 the authorized electronic monitoring in the resident's room. If the roommate has not affirmatively

1 objected to the authorized electronic monitoring in accordance with subsection 4 of this section and
 2 the roommate's physician determines that the roommate lacks the ability to understand and
 3 appreciate the nature and consequences of electronic monitoring, the following individuals may
 4 consent on behalf of the roommate, in order of priority:

5 (1) An attorney-in-fact under a durable power of attorney for health care;

6 (2) The roommate's legal representative;

7 (3) The roommate's spouse;

8 (4) The roommate's parent;

9 (5) The roommate's adult child who has the written consent of all other adult children of the
 10 roommate to act as the sole decision maker regarding authorized electronic monitoring; or

11 (6) The roommate's adult brother or sister who has the written consent of all other adult
 12 siblings of the roommate to act as the sole decision maker regarding authorized electronic
 13 monitoring.

14 7. Consent by a roommate under subsection 6 of this section authorizes the resident's use of
 15 any recording obtained under sections 198.610 to 198.630 as provided under section 198.622.

16 8. Any resident previously conducting authorized electronic monitoring shall obtain consent
 17 from any new roommate before the resident may resume authorized electronic monitoring. If a new
 18 roommate does not consent to authorized electronic monitoring and the resident conducting the
 19 authorized electronic monitoring does not remove or disable the electronic monitoring device, the
 20 facility may turn off the device.

21 9. Consent may be withdrawn by the resident or roommate at any time, and the withdrawal
 22 of consent shall be documented in the resident's clinical record. If a roommate withdraws consent
 23 and the resident conducting the authorized electronic monitoring does not remove or disable the
 24 electronic monitoring device, the facility may turn off the electronic monitoring device.

25 198.614. 1. Authorized electronic monitoring may begin only after a notification and
 26 consent form prescribed by the department has been completed and submitted to the facility and the
 27 facility consents.

28 2. A resident shall notify the facility in writing of his or her intent to install an electronic
 29 monitoring device by providing a completed notification and consent form prescribed by the
 30 department that shall include at minimum the following information:

31 (1) The resident's signed consent to electronic monitoring or the signature of the person
 32 consenting on behalf of the resident in accordance with section 198.612. If a person other than the
 33 resident signs the consent form, the form shall document the following:

34 (a) The date the resident was asked if he or she wants authorized electronic monitoring to be
 35 conducted in accordance with subsection 4 of section 198.612;

36 (b) Who was present when the resident was asked; and

37 (c) An acknowledgment that the resident did not affirmatively object;

38 (2) The resident's roommate's signed consent or the signature of the person consenting on
 39 behalf of the roommate in accordance with section 198.612, if applicable, and any conditions placed
 40 on the roommate's consent. If a person other than the roommate signs the consent form, the form
 41 shall document the following:

42 (a) The date the roommate was asked if he or she wants authorized electronic monitoring to
 43 be conducted in accordance with subsection 4 of section 198.612;

44 (b) Who was present when the roommate was asked; and

45 (c) An acknowledgment that the roommate did not affirmatively object;

46 (3) The type of electronic monitoring device to be used;

47 (4) Any installation needs such as mounting of a device to a wall or ceiling;

48 (5) The proposed date of installation for scheduling purposes;

49 (6) A copy of any contract for maintenance of the electronic monitoring device by a

1 commercial entity;

2 (7) A list of standard conditions or restrictions that the facility, resident, or roommate may
3 elect to place on the use of the electronic monitoring device including, but not limited to:

4 (a) Prohibiting audio recording;

5 (b) Prohibiting broadcasting of audio or video; or

6 (c) Turning off the electronic monitoring device or blocking the visual recording component
7 of the electronic monitoring device for the duration of an exam or procedure by a health care
8 professional; while dressing or bathing is performed; or for the duration of a visit with a spiritual
9 advisor, ombudsman, attorney, financial planner, intimate partner, or other visitor; and

10 (8) Any other condition or restriction elected by the facility, resident, or roommate on the
11 use of an electronic monitoring device.

12 3. A copy of the completed notification and consent form shall be placed in the resident's
13 and any roommate's clinical record and a copy shall be provided to the resident and his or her
14 roommate, if applicable.

15 4. The department shall prescribe the notification and consent form required in this section
16 no later than sixty days after the effective date of sections 198.610 to 198.630. If the department has
17 not prescribed such a form by that date, the attorney general shall post a notification and consent
18 form on its website for resident use until the department has prescribed the form.

19 198.616. 1. A resident authorized to conduct authorized electronic monitoring shall do so at
20 his or her own expense, including paying purchase, installation, maintenance, and removal costs.

21 2. If a resident authorized to conduct authorized electronic monitoring chooses to install an
22 electronic monitoring device that uses internet technology for visual or audio monitoring, such
23 resident is responsible for contracting with an internet service provider.

24 3. The electronic monitoring device shall be placed in a conspicuously visible location in
25 the room.

26 4. No facility shall charge the resident a fee for the cost of electricity used by an electronic
27 monitoring device.

28 5. All electronic monitoring device installations and supporting services shall comply with
29 the requirements of the National Fire Protection Association (NFPA) 101 Life Safety Code (2015
30 edition).

31 198.618. 1. If a resident of a facility conducts authorized electronic monitoring, a sign shall
32 be clearly and conspicuously posted at all building entrances accessible to visitors. The notice shall
33 be entitled "Electronic Monitoring" and shall state in large, easy-to-read type: "The rooms of some
34 residents may be monitored electronically by or on behalf of the residents."

35 2. A sign shall be clearly and conspicuously posted at the entrance to a resident's room
36 where authorized electronic monitoring is being conducted. The notice shall state in large, easy-to-
37 read type, "This room is electronically monitored."

38 3. The facility is responsible for installing and maintaining the signage required in this
39 section.

40 198.620. 1. No person or entity shall knowingly hamper, obstruct, tamper with, or destroy
41 an electronic monitoring device installed in a resident's room without the permission of the resident
42 or the individual who consented on behalf of the resident and the facility, in accordance with section
43 198.612.

44 2. No person or entity shall knowingly hamper, obstruct, tamper with, or destroy a video or
45 audio recording obtained in accordance with sections 198.610 to 198.630 without the permission of
46 the resident or the individual who consented on behalf of the resident and the facility, in accordance
47 with section 198.612.

48 3. A person or entity that violates this section is guilty of a class B misdemeanor. A person
49 or entity that violates this section in the commission of or to conceal a misdemeanor offense is

1 guilty of a class A misdemeanor. A person or entity that violates this section in the commission of
2 or to conceal a felony offense is guilty of a class D felony.

3 4. It is not a violation of this section if a person or facility turns off the electronic monitoring
4 device or blocks the visual recording component of the electronic monitoring device at the direction
5 of the resident or the person who consented on behalf of the resident in accordance with section
6 198.612.

7 198.622. 1. No facility shall access any video or audio recording created through authorized
8 electronic monitoring without the written consent of the resident or the person who consented on
9 behalf of the resident and the facility, in accordance with section 198.612.

10 2. Except as required under the Freedom of Information Act, a recording or copy of a
11 recording made under sections 198.610 to 198.630 shall only be disseminated for the purpose of
12 addressing concerns relating to the health, safety, or welfare of a resident or residents.

13 3. The resident or person who consented on behalf of the resident in accordance with section
14 198.612 shall provide a copy of any video or audio recording to parties involved in a criminal or
15 administrative proceeding, upon a party's request, if the video or audio recording was made during
16 the time period that the conduct at issue in the proceeding allegedly occurred.

17 198.624. Any individual who has reasonable cause to believe, as a result of any video or
18 audio recording created through authorized electronic monitoring in accordance with the provisions
19 of sections 198.610 to 198.630, that a resident has been the victim of a sexual assault shall report
20 such suspected assault to a local law enforcement entity and provide such entity with a copy of the
21 video or audio recording. Subject to applicable rules of evidence and procedure, any video or audio
22 recording created through authorized electronic monitoring in accordance with the provisions of
23 sections 198.610 to 198.630 may be admitted into evidence in a civil, criminal, or administrative
24 proceeding if the contents of the recording have not been edited or artificially enhanced and the
25 video recording includes the date and time the events occurred.

26 198.626. Each facility shall report to the department, in a manner prescribed by the
27 department, the number of authorized electronic monitoring notification and consent forms received
28 annually. The department shall report the total number of authorized electronic monitoring
29 notification and consent forms received from facilities to the attorney general annually.

30 198.628. 1. No facility shall be civilly or criminally liable for the inadvertent or intentional
31 disclosure of a recording by a resident or a person who consents on behalf of the resident for any
32 purpose not authorized by sections 198.610 to 198.630. Nothing in sections 198.610 to 198.630
33 shall permit or authorize a resident to use any device that in any way violates any other state or
34 federal law or regulation.

35 2. No facility shall be civilly or criminally liable for a violation of a resident's right to
36 privacy arising out of any electronic monitoring conducted under sections 198.610 to 198.630.

37 3. The department shall promulgate rules to adopt the form described in subsection 2 of
38 section 198.614. Any rule or portion of a rule, as that term is defined in section 536.010, that is
39 created under the authority delegated in this section shall become effective only if it complies with
40 and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section
41 and chapter 536 are nonseverable, and if any of the powers vested with the general assembly
42 pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are
43 subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or
44 adopted after August 28, 2019, shall be invalid and void.

45 198.630. 1. No person shall:

46 (1) Intentionally retaliate or discriminate against any resident for consenting to authorized
47 electronic monitoring under sections 198.610 to 198.630; or

48 (2) Prevent the installation or use of an electronic monitoring device by a resident who has
49 received authorization from the facility with notice and consent as required under section 198.614

1 that otherwise meets the requirements of sections 198.610 to 198.630.

2 2. Sections 198.601 to 198.630 shall not be interpreted to allow any facility to prohibit the
3 use of recording devices in a manner authorized under section 542.402.

4 208.225. 1. To implement fully the provisions of section 208.152, the MO HealthNet
5 division shall calculate the Medicaid per diem reimbursement rates of each nursing home
6 participating in the Medicaid program as a provider of nursing home services based on its costs
7 reported in the Title XIX cost report filed with the MO HealthNet division for its fiscal year as
8 provided in subsection 2 of this section.

9 2. The recalculation of Medicaid rates to all Missouri facilities will be performed as follows:
10 effective July 1, 2004, the department of social services shall use the Medicaid cost report
11 containing adjusted costs for the facility fiscal year ending in 2001 and redetermine the allowable
12 per-patient day costs for each facility. The department shall recalculate the class ceilings in the
13 patient care, one hundred twenty percent of the median; ancillary, one hundred twenty percent of the
14 median; and administration, one hundred ten percent of the median cost centers. Each facility shall
15 receive as a rate increase one-third of the amount that is unpaid based on the recalculated cost
16 determination.

17 3. Any intermediate care facility or skilled nursing facility, as such terms are defined in
18 section 198.006, participating in MO HealthNet that incurs total capital expenditures, as such term is
19 defined in section 197.305, in excess of two thousand dollars per bed shall be entitled to obtain from
20 the MO HealthNet division a recalculation of its Medicaid per diem reimbursement rate based on its
21 additional capital costs or all costs incurred during the facility fiscal year during which such capital
22 expenditures were made. Such recalculated reimbursement rate shall become effective and payable
23 when granted by the MO HealthNet division as of the date of application for a rate adjustment."; and
24

25 Further amend said bill by amending the title, enacting clause, and intersectional references
26 accordingly.