



Rules of
Department of Mental Health
Division 45—Division of Developmental Disabilities
Chapter 4—Financial Procedures

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**Title 9—DEPARTMENT OF
MENTAL HEALTH**

**Division 45—Division of Developmental
Disabilities**

Chapter 4—Financial Procedures

9 CSR 45-4.010 Residential Rate Setting
(Rescinded November 30, 2018)

AUTHORITY: section 630.655, RSMo 1994. This rule was previously filed as 9 CSR 10-5.170. Original rule filed Dec. 11, 1989, effective June 15, 1990. Amended: Filed May 25, 1995, effective Dec. 30, 1995. Rescinded: Filed March 20, 2018, effective Nov. 30, 2018.

9 CSR 45-4.020 Development of Intermediate Care Facilities for Individuals with Intellectual Disabilities

PURPOSE: This rule prescribes procedures on development of intermediate care facilities for persons with mental retardation.

(1) As used in this rule, a provider that owns, operates, or has interest in only one (1) intermediate care facility for individuals with intellectual disabilities (ICF/IID) is—

(A) A sole proprietor that owns no interest in another ICF/IID;

(B) A partnership or a majority of the partnership that owns no interest in another ICF/IID; or

(C) A corporation that has neither any officers nor a majority of board members in common with another corporation which has any interest in an ICF/IID.

(2) Any entity intending to operate a Medicaid-reimbursed ICF/IID in excess of those beds in existence on May 29, 1991, shall give written notice of that intent to the Department of Mental Health's Division of Developmental Disabilities (Division of DD) between July 1 and October 1 of the fiscal year preceding the fiscal year in which the provider intends to operate the ICF/IID.

(3) No provider may be reimbursed under Medicaid to operate an ICF/IID without a provider agreement issued by the Department of Social Services' MO HealthNet Division (MHD). The MHD shall not issue a provider agreement without receiving either a certificate of authorization or an acknowledgment of exemption from the Division of DD.

(4) After May 29, 1991, the Division of DD shall issue an acknowledgment of exemption to permit the MHD to issue a provider agreement to a certified ICF/IID if—

(A) The ICF/IID will have six (6) or fewer beds;

(B) The provider does not own, operate, or have any interest in any other ICF/IID; and

(C) The provider has notified the Division of DD between July 1 and October 1 of its intent to operate the ICF/IID during the next fiscal year.

(5) Any provider that has received an exemption under section (4) and then either obtains, operates, or acquires an interest in any other Medicaid-enrolled ICF/IID, or seeks to enroll an additional ICF/IID in the Medicaid program, shall forfeit the exemption granted under section (4). As soon as the ICF/IID for which exemption was originally granted can be accommodated in the Medicaid Home and Community-Based Waiver Program, the Division of DD shall notify the MHD to that effect, and MHD shall terminate the ICF/IID provider agreement within thirty (30) days after receipt of the notification from the Division of DD.

(6) After May 29, 1991, the Division of DD may issue a certificate of authorization to permit the MHD to issue a provider agreement for a provider to operate an ICF/IID of seven (7) or more beds if—

(A) The proposed ICF/IID is to be a free-standing facility and not attached to any other existing ICF/IID;

(B) The provider has notified the Division of DD between July 1 and October 1 of its intent to operate the ICF/IID during the next fiscal year; and

(C) The ICF/IID cannot be accommodated within the federal Home and Community-Based Waiver Program for persons with developmental disabilities as determined by the Division of DD.



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
CERTIFICATE OF AUTHORIZATION FOR ICF-MR PROVIDER AGREEMENT

The Department of Mental Health's Division of Mental Retardation and Developmental Disabilities hereby certifies to the Department of Social Services' Division of Medical Services that the Division of Medical Services may issue a provider agreement to the following intermediate care facility for persons with mental retardation (ICF-MR):

PROVIDER NAME

ADDRESS

This provider notified the Department of Mental Health on _____, 19____, of its intent to operate an ICF-MR with _____ beds. This certificate authorizes the provider to begin operation after July 1, 19____ with _____ beds.

SIGNATURE OF DIVISION OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES REPRESENTATIVE

DATE



STATE OF MISSOURI
 DEPARTMENT OF MENTAL HEALTH
**ACKNOWLEDGEMENT OF EXEMPTION FROM DEPARTMENT OF MENTAL
 HEALTH AUTHORIZATION FOR ISSUANCE OF ICF-MR PROVIDER AGREEMENT**

This document acknowledges that _____, a provider, seeks to operate a single intermediate care facility for persons with mental retardation (ICF-MR) to be known as _____ and to have no more than six (6) beds. Because the proposed facility will have no more than six (6) beds; because the provider does not own, operate or have any interest in any other ICF-MR; and because the provider notified the Department of Mental Health between July 1 and October 1 of the fiscal year preceding the fiscal year in which it intends to operate the facility, the provider is not required to obtain a certificate of authorization from the Department of Mental Health.

The provider understands that if it either obtains other ICFs-MR or increases the beds in this facility to more than six (6), this exemption is invalid and the provider must apply to the Department of Mental Health's Division of Mental Retardation and Developmental Disabilities for a certificate of authorization. That application process is open from July 1 until October 1 each year for certification to operate after June 30 of the following year.

I certify that _____, the provider, does not own, operate or have any interest in any ICF-MR other than _____ and that the provider will not attempt to operate more than six (6) beds in that facility. I acknowledge that violation of either of these conditions will result in loss of Medicaid payments to the provider.

NAME AND TITLE OF PROVIDER'S OWNER/PARTNER/ADMINISTRATOR (TYPE OR PRINT)

SIGNATURE OF OWNER/PARTNER/ADMINISTRATOR

DATE

Based upon this provider's certification, the Division of Mental Retardation and Developmental Disabilities acknowledges that the provider is exempt from the requirement to obtain a certificate of authorization from the Division.

SIGNATURE OF DIVISION OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES REPRESENTATIVE

DATE



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
NOTIFICATION OF REFUSAL TO AUTHORIZE
ISSUANCE OF ICF-MR PROVIDER AGREEMENT

The Department of Mental Health's Division of Mental Retardation and Developmental Disabilities hereby notifies the Department of Social Services' Division of Medical Services that the Department of Mental Health refuses a Certificate of Authorization for a provider agreement for an intermediate care facility for persons with mental retardation (ICF-MR) to the following provider:

PROVIDER NAME

ADDRESS

This provider notified the Department of Mental Health on _____, 19 ____ of its intent to operate an ICF-MR with _____ beds. The provider is refused a Certificate of Authorization because:

These reasons are authorized under Section 660.075, RSMo (1991).

SIGNATURE OF DIVISION OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES REPRESENTATIVE

DATE



*AUTHORITY: section 630.050, RSMo Supp. 2013, and section 660.075, RSMo Supp. 2014. * This rule originally filed as 9 CSR 30-5.060. Original rule filed Sept. 1, 1993, effective April 9, 1994. Amended: Filed May 25, 1995, effective Dec. 30, 1995. Amended: Filed May 13, 2016, effective Nov. 30, 2016.*

**Original authority: 630.050, RSMo 1980, amended 1993, 1995, 2008 and 660.075, RSMo 1991, amended 2014.*

9 CSR 45-4.030 Family Support Stipends
(Rescinded October 30, 2016)

AUTHORITY: section 633.190, RSMo 1994. This rule was originally filed as 9 CSR 70-1.010. Original rule filed April 4, 1994, effective Oct. 30, 1994. Amended: Filed May 25, 1995, effective Dec. 30, 1995. Rescinded: Filed March 3, 2016, effective Oct. 30, 2016.

9 CSR 45-4.040 Family Support Loans
(Rescinded October 30, 2016)

AUTHORITY: section 633.190, RSMo 1994. This rule was originally filed as 9 CSR 70-1.015. Original rule filed April 4, 1994, effective Oct. 30, 1994. Amended: Filed May 25, 1995, effective Dec. 30, 1995. Rescinded: Filed March 3, 2016, effective Oct. 30, 2016.