

**Rules of**  
**Department of Mental Health**  
**Division 30—Certification Standards**  
**Chapter 4—Mental Health Programs**

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**Title 9—DEPARTMENT OF  
MENTAL HEALTH**  
**Division 30—Certification Standards**  
**Chapter 4—Mental Health Programs**

**9 CSR 30-4.010 Definitions**

*PURPOSE: This rule defines the special terms used in 9 CSR 30-4.020–9 CSR 30-4.190 regarding the certification standards for mental health agencies.*

(1) The terms defined in section 630.005, RSMo are incorporated by reference for use in this chapter as though set out in this rule.

(2) Unless the context clearly requires otherwise, the following terms as used in this chapter shall mean—

(A) Admission, the time when an agency has completed its screening and intake process and has decided to accept an applicant to receive its services;

(B) Agency, an entity responsible for the delivery of mental health services to an identified target population;

(C) Assessment, evaluation of a client's strengths, weaknesses, problems and needs;

(D) Facility, the physical premises used by an agency to provide mental health services;

(E) Initial referral or recording initial demographic information referral to an appropriate service, or both prior to intake screening;

(F) Intake evaluation, the initial clinical interview for determining the level of psychological and social functioning, the need for treatment or additional evaluation service or the development of a treatment plan;

(G) Mental health professionals, one (1) of the following:

1. A professional counselor licensed under Missouri state law to practice counseling;

2. An individual possessing a master's or doctorate degree in counseling, psychology, family therapy or related field, with one (1) year's experience, under supervision, in treating problems related to mental illness;

3. A pastoral counselor with a degree equivalent to the Master of Science Degree in Divinity from an accredited program with specialized training in mental health services. One (1) year of experience, under supervision, in treating problems related to mental illness may be substituted for specialized training;

4. A physician licensed under Missouri state law to practice medicine or osteopathy and with specialized training in mental health services. One (1) year of experience, under supervision, in treating problems related to mental illness may be substituted for specialized training;

5. A psychiatrist that is a licensed physician, who in addition, has successfully completed a training program in psychiatry approved by the American Medical Association, the American Osteopathic Association or other training program certified as equivalent by the department;

6. A psychologist licensed under Missouri state law to practice psychology;

7. A psychiatric nurse, a registered professional nurse licensed under Chapter 335, RSMo with at least two (2) years of experience in a psychiatric or substance abuse treatment setting, or a master's degree in psychiatric nursing; and

8. A social worker with a master's degree in social work from an accredited program and with specialized training in mental health services. One (1) year of experience, under supervision, may be substituted for training;

(H) Outpatient program, a program providing emergency services, intake screening, psychotherapy, counseling, aftercare and information/education in a nonresidential setting for mentally disordered and mentally ill clients;

(I) Program, an array of services for the mentally disordered or mentally ill in a setting organized to carry out specific procedures; that is, residential, day treatment and outpatient.

*AUTHORITY: sections 630.050 and 630.655, RSMo 2000.\* Original rule filed June 14, 1985, effective Dec. 1, 1985. Emergency amendment filed July 2, 1992, effective July 12, 1992, expired Nov. 8, 1992. Emergency amendment filed July 6, 1993, effective July 16, 1993, expired Nov. 12, 1993. Amended: Filed July 6, 1993, effective March 10, 1994. Amended: Filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed July 31, 2002, effective March 30, 2003.*

*\*Original authority: 630.050, RSMo 1980, amended 1993, 1995 and 630.655, RSMo 1980.*

**9 CSR 30-4.020 Procedures to Obtain Certification**

*PURPOSE: This rule describes the procedure to obtain certification from the Department of Mental Health for mental health agencies as authorized by section 630.655, RSMo.*

(1) Under section 630.655, RSMo, the department shall certify each agency's level of service, treatment or rehabilitation as necessary for the agency to receive state funds or to meet conditions for third-party reimbursement.

(2) Each agency that is certified shall comply with all requirements set forth in Department of Mental Health Core Rules for Psychiatric and Substance Abuse Programs, 9 CSR 10-7.130 Procedures to Obtain Certification.

*AUTHORITY: sections 630.050 and 630.655, RSMo 2000.\* Original rule filed June 14, 1985, effective Dec. 1, 1985. Amended: Filed Feb. 28, 2001, effective Oct. 30, 2001.*

*\*Original authority: 630.050, RSMo 1980, amended 1993, 1995 and 630.655, RSMo 1980.*

**9 CSR 30-4.025 Implementation of Certification Authority for Certain Programs**

*Emergency rule filed Nov. 6, 1985, effective Nov. 16, 1985, expired March 7, 1986.*

**9 CSR 30-4.030 Certification Standards Definitions**

*PURPOSE: This rule defines terms and explains usage rules for those terms used in certification procedures and standards developed under section 630.655, RSMo for community psychiatric rehabilitation programs and certain services serving persons with serious mental illnesses and disorders.*

(1) The terms defined in section 630.005, RSMo are incorporated by reference for use in 9 CSR 30-4.031–9 CSR 30-4.047.

(2) As used in 9 CSR 30-4.031–9 CSR 30-4.047, unless the context clearly indicates otherwise, the following terms shall mean:

(A) Administrative agent—an agency and its approved designee(s) authorized by the Division of Comprehensive Psychiatric Services (CPS) as an entry and exit point into the state mental health service delivery system for a geographic service area defined by the division;

(B) Admission—the process described in 9 CSR 30-4.042;

(C) Advanced practice nurse—as set forth in section 335.011, RSMo, a nurse who has had education beyond the basic nursing education and is certified by a nationally recognized professional organization as having a nursing specialty, or who meets criteria for

advanced practice nurses established by the board of nursing;

(D) Affiliate—an organization or person providing psychiatric rehabilitation services through subcontract on behalf of a community psychiatric rehabilitation (CPR) provider;

(E) Applicant—an entity which has applied to the division for certification as a CPR provider;

(F) Brief evaluation—activities including screening, assessment, development and revision of an individual treatment plan, for the purposes of establishing client eligibility in a defined level of care;

(G) CPR director—director of CPR program;

(H) Chemical restraints—as defined in section 630.005, RSMo, drugs which are prescribed or administered in an emergency to restrain temporarily an individual who presents a likelihood of serious physical harm to him/herself or to others;

(I) Class I Neglect—failure of an employee to provide reasonable and necessary services to maintain the physical and mental health of any client when the failure presents either imminent danger to the health, safety or welfare of a client or a substantial probability that death or physical injury would result;

(J) Class II Neglect—failure of an employee to provide reasonable or necessary services to a client or resident according to the individualized treatment plan or to identified acceptable standards of care;

(K) Client—a generic term that includes any individual requesting and receiving CPR services which may include not only the person receiving services but also a legal guardian, unless the context clearly indicates otherwise;

(L) Clinical privileges—authorization to a staff person to provide specific client care and treatment service within well-defined limits based on that individual's license (if applicable), education, training, experience, competence, clinical judgment and generally accepted standards of treatment or care;

(M) Clinical review—a review conducted by mental health professionals identified by the division to determine client eligibility and authorize reimbursement for services determined to be clinically appropriate for a specific client as required by the division;

(N) Community psychiatric rehabilitation center (CPR provider or CPR program)—an organization which provides or arranges for, at the minimum, the following core services: intake and annual evaluations, crisis intervention and resolution, medication services, consultation services, medication administration, community support and psychosocial rehabilitation in a nonresidential setting for

individuals with serious mental illness in conjunction with standards set forth in 9 CSR 30-4.031-9 CSR 30-4.047;

(O) Community support—as defined in 9 CSR 30-4.043(2)(G);

(P) Community support assistant—an individual with a high school diploma or equivalent and applicable training as required by the department;

(Q) Consultation services—as defined in 9 CSR 30-4.043(2)(C);

(R) Crisis intervention and resolution—as defined in 9 CSR 30-4.043(2)(A);

(S) Critical intervention—actions prescribed by an individual's treatment plan, to intercede on behalf of a client's safety in critical situations or circumstances that pose a risk of serious harm to a client or to a client's ability to live outside of an institution or a more restrictive setting than his/her current residence;

(T) Department—the Department of Mental Health;

(U) Director—director of the Department of Mental Health;

(V) Division—the Division of Comprehensive Psychiatric Services of the Missouri Department of Mental Health;

(W) Eligible client—an individual found to have serious mental illness according to specific diagnostic, disability and durational criteria as set out in 9 CSR 30-4.042(4) and satisfying the admission criteria described in 9 CSR 30-4.042;

(X) Facility—the physical plant or site used by a CPR provider to provide mental health services;

(Y) Improper clinical practices—a level of performance or behavior which constitutes a repeated pattern of negligence or which constitutes a continuing pattern of violations of laws, rules, or regulations enforced by the appropriate professional licensing, funding or certifying entity;

(Z) Intake/annual evaluation—as defined in 9 CSR 30-4.035(7) and (18);

(AA) Intensive community psychiatric rehabilitation (CPR)—as defined in 9 CSR 30-4.045;

(BB) Mechanical restraint—any device, instrument or physical object used to restrict an individual's freedom of movement except when necessary for orthopedic, surgical and other medical purposes;

(CC) Medication administration—as defined in 9 CSR 30-4.043(2)(D);

(DD) Medication administration support—as defined in 9 CSR 30-4.043(2)(E);

(EE) Medication aide—an individual as defined in 13 CSR 15-13.030 who administers medications;

(FF) Medication services—as defined in 9 CSR 30-4.043(2)(B);

(GG) Medical technician—an individual as defined in 13 CSR 15-13.020 who administers medications;

(HH) Mental health professional—any of the following:

1. A physician licensed under Missouri law to practice medicine or osteopathy and with training in mental health services or one (1) year of experience, under supervision, in treating problems related to mental illness or specialized training;

2. A psychiatrist, a physician licensed under Missouri law who has successfully completed a training program in psychiatry approved by the American Medical Association, the American Osteopathic Association or other training program identified as equivalent by the department;

3. A psychologist licensed under Missouri law to practice psychology with specialized training in mental health services;

4. A professional counselor licensed under Missouri law to practice counseling and with specialized training in mental health services;

5. A clinical social worker licensed under Missouri law with a master's degree in social work from an accredited program and with specialized training in mental health services;

6. A psychiatric nurse, a registered professional nurse licensed under Chapter 335, RSMo with at least two (2) years of experience in a psychiatric or substance abuse treatment setting or a master's degree in psychiatric nursing;

7. An individual possessing a master's or doctorate degree in counseling and guidance, rehabilitation counseling and guidance, rehabilitation counseling, vocational counseling, psychology, pastoral counseling or family therapy or related field who has successfully completed a practicum or has one (1) year of experience under the supervision of a mental health professional;

8. An occupational therapist certified by the American Occupational Therapy Certification Board, registered in Missouri, has a bachelor's degree and has completed a practicum in a psychiatric setting or has one (1) year of experience in a psychiatric setting, or has a master's degree and has completed either a practicum in a psychiatric setting or has one (1) year of experience in a psychiatric setting;

9. An advanced practice nurse—as set forth in section 335.016, RSMo, a nurse who has had education beyond the basic nursing education and is certified by a nationally recognized professional organization as having a nursing specialty, or who meets criteria for



advanced practice nurses established by the board of nursing; and

10. A psychiatric pharmacist as defined in 9 CSR 30-4.030;

(II) Psychiatric pharmacist—a registered pharmacist in good standing with the Missouri Board of Pharmacy who is a board-certified psychiatric pharmacist (BCPP) through the Board of Pharmaceutical Specialties or a registered pharmacist currently in a psychopharmacy residency where the service has been supervised by a board-certified psychiatric pharmacist;

(JJ) Physical abuse—in accordance with 9 CSR 10-5.200;

(KK) Physical restraint—physical holding of a client which restricts a client's freedom of movement to restrain temporarily in an emergency a client who presents a likelihood of serious physical harm to him/herself or to others;

(LL) Psychosocial rehabilitation—as defined in 9 CSR 30-4.043(2)(I);

(MM) Research—experiments, including intervention or interaction with clients, whether behavioral, psychological, biomedical or pharmacological and program evaluation as set out in 9 CSR 60-1.010(1);

(NN) Seclusion—placement alone in a locked room for any period of time;

(OO) Sexual abuse—in accordance with 9 CSR 10-5.200;

(PP) Time-out—temporary exclusion or removal of a client from the treatment or rehabilitation setting, used as a behavior modifying technique as prescribed in the client's individual treatment plan and for periods of time not to exceed fifteen (15) minutes each; and

(QQ) Verbal abuse—in accordance with 9 CSR 10-5.200.

*AUTHORITY: sections 630.050, 630.055 and 632.050, RSMo 2000.\* Original rule filed Jan. 19, 1989, effective April 15, 1989. Emergency amendment filed Aug. 27, 1993, effective Sept. 8, 1993, expired Nov. 7, 1993. Emergency amendment filed Oct. 28, 1993, effective Nov. 7, 1993, expired March 6, 1994. Emergency amendment filed Feb. 15, 1994, effective March 6, 1994, expired April 10, 1994. Amended: Filed Aug. 27, 1993, effective April 9, 1994. Amended: Filed Dec. 13, 1994, effective July 30, 1995. Emergency amendment filed Aug. 11, 1999, effective Aug. 22, 1999, expired Feb. 17, 2000. Amended: Filed Aug. 11, 1999, effective Feb. 29, 2000. Amended: Filed Feb. 28, 2001, effective Oct. 30, 2001. Emergency amendment filed Dec. 28, 2001, effective Jan. 13, 2002, expired July 11, 2002. Amended: Filed*

*Dec. 28, 2001, effective July 12, 2002. Amended: Filed July 31, 2002, effective March 30, 2003.*

*\*Original authority: 630.050, RSMo 1980, amended 1993, 1995; 630.055, RSMo 1980; 632.050, RSMo 1980.*

### 9 CSR 30-4.031 Procedures to Obtain Certification for Centers

*PURPOSE: This rule describes procedures to obtain certification from the Department of Mental Health for community psychiatric rehabilitation programs.*

(1) Under section 630.050, RSMo, the department shall certify each community psychiatric rehabilitation (CPR) provider's rehabilitation program services as a condition of participation in the community psychiatric rehabilitation program.

(2) Each agency that is certified shall comply with requirements set forth in Department of Mental Health Core Rules for Psychiatric and Substance Abuse Programs, 9 CSR 10-7.130 Procedures to Obtain Certification.

(3) To be eligible for certification as a CPR provider, an organization must meet one (1) of the following requirements:

(A) Performs the required functions described in section 1916(c)(4) of the Public Health Service Act;

(B) Meets the eligibility requirements for receipt of federal mental health block grant funds;

(C) Has a current and valid purchase of service contract with the Division of Comprehensive Psychiatric Services pursuant to 9 CSR 25-2;

(D) Is designated by the Division of Comprehensive Psychiatric Services under the authority of section 632.050, RSMo to serve as an entry and exit point for the public mental health service delivery system; or

(E) Has been certified at least once prior to November 7, 1993, and has maintained certification continuously since November 7, 1993.

(4) The department shall certify, as a result of a certification survey, each Community Psychiatric Rehabilitation (CPR) Program as designated and eligible to serve children and youth under the age of eighteen (18).

(5) To be eligible to serve children and youth under the age of eighteen (18) a certified community psychiatric rehabilitation (CPR) provider shall meet each of the following requirements:

(A) Have a current and valid purchase of service contract with the Division of Comprehensive Psychiatric Services (CPS) pursuant to 9 CSR 25-2;

(B) Must meet the eligibility requirements for receipt of federal mental health block grant funds;

(C) Must provide a comprehensive array of psychiatric services to children and youth including but not limited to:

1. Crisis intervention mobile response;
2. Screening and assessment;
3. Medication services; and
4. Intensive case management consistent with state plan approved services; and

(D) Have experience and expertise in delivering a division approved home-based crisis intervention program of psychiatric services for children and youth.

(6) A certified community psychiatric rehabilitation (CPR) provider may serve transitional age youth (age sixteen (16) and older) meeting the diagnostic eligibility requirements in 9 CSR 30-4.042(4)(B) in each designated CPS service area without the certification required in 9 CSR 30-4.031(4) and (5) if it is documented in the client record that it is clinically and developmentally appropriate to serve the individual in an adult program.

(7) The following forms are included herein:

- (A) MO 650-1722; and
- (B) MO 650-0231.



STATE OF MISSOURI  
 DEPARTMENT OF MENTAL HEALTH  
 BUREAU OF QUALITY IMPROVEMENT  
 1706 E. ELM ST., P.O. BOX 596, JEFFERSON CITY, MO 65102  
**APPLICATION FOR LICENSURE  
 AND/OR CERTIFICATION**

FOR DMH USE ONLY		
DATE RECEIVED BY DMH	INITIAL RENEWAL	BOI OR RC
VENDOR NO.	LICENSE/CERTIFICATE NO.	EXPIRATION DATE

NAME OF APPLICANT OR AGENCY		EMPLOYER TAX ID NO.		PHONE	
MAILING ADDRESS		CITY	ZIP CODE	COUNTY	
NAME OF FOSTER PARENT OR AGENCY DIRECTOR			<input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> AGENCY DIRECTOR		SOCIAL SECURITY NUMBER
CONVICTION OF FELONY BY ANY PERSON TO LICENSED OR CERTIFIED UNDER THIS APPLICATION <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET					
LICENSING, CERTIFYING OR ACCREDITING BODY	FACILITY TYPE	LICENSE NUMBER	ISSUANCE DATE	EXPIRATION DATE	
NAME OF BUSINESS OR GOVERNING BODY PRESIDENT			ADDRESS		
CITY	STATE	ZIP	PHONE NUMBER		
RESIDENTIAL FACILITIES AND PROGRAMS TO BE LICENSED OR CERTIFIED UNDER THIS APPLICATION. PLEASE LIST EACH PREMISES INDIVIDUALLY.					
NAME OF FACILITY					
ADDRESS	CITY	COUNTY	ZIP	PHONE	
NAME OF CONTACT PERSON				PHONE	
TYPE OF FACILITY <input type="checkbox"/> CPRC <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> DAY PROGRAM <input type="checkbox"/> FOSTER <input type="checkbox"/> RESPITE <input type="checkbox"/> ISL <input type="checkbox"/> OTHER RESIDENTIAL					
NAME OF OTHER LICENSURE, CERTIFICATION OR ACCREDITATION		LICENSE OR CERTIFICATION NUMBER		EXPIRATION DATE	
CAPACITY OF CURRENT ENROLLMENT		REQUESTED CAPACITY		TYPE OF RESIDENT OR CLIENT SERVED <input type="checkbox"/> M/M/D <input type="checkbox"/> MR/DD	
NAME OF FACILITY					
ADDRESS	CITY	COUNTY	ZIP	PHONE	
NAME OF CONTACT PERSON				PHONE	
TYPE OF FACILITY <input type="checkbox"/> CPRC <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> DAY PROGRAM <input type="checkbox"/> FOSTER <input type="checkbox"/> RESPITE <input type="checkbox"/> ISL <input type="checkbox"/> OTHER RESIDENTIAL					
NAME OF OTHER LICENSURE, CERTIFICATION OR ACCREDITATION		LICENSE OR CERTIFICATION NUMBER		EXPIRATION DATE	
CAPACITY OF CURRENT ENROLLMENT		REQUESTED CAPACITY		TYPE OF RESIDENT OR CLIENT SERVED <input type="checkbox"/> M/M/D <input type="checkbox"/> MR/DD	
NAME OF FACILITY					
ADDRESS	CITY	COUNTY	ZIP	PHONE	
NAME OF CONTACT PERSON				PHONE	
TYPE OF FACILITY <input type="checkbox"/> CPRC <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> DAY PROGRAM <input type="checkbox"/> FOSTER <input type="checkbox"/> RESPITE <input type="checkbox"/> ISL <input type="checkbox"/> OTHER RESIDENTIAL					
NAME OF OTHER LICENSURE, CERTIFICATION OR ACCREDITATION		LICENSE OR CERTIFICATION NUMBER		EXPIRATION DATE	
CAPACITY OF CURRENT ENROLLMENT		REQUESTED CAPACITY		TYPE OF RESIDENT OR CLIENT SERVED <input type="checkbox"/> M/M/D <input type="checkbox"/> MR/DD	
NAME OF FACILITY					
ADDRESS	CITY	COUNTY	ZIP	PHONE	
NAME OF CONTACT PERSON				PHONE	
TYPE OF FACILITY <input type="checkbox"/> CPRC <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> DAY PROGRAM <input type="checkbox"/> FOSTER <input type="checkbox"/> RESPITE <input type="checkbox"/> ISL <input type="checkbox"/> OTHER RESIDENTIAL					
NAME OF OTHER LICENSURE, CERTIFICATION OR ACCREDITATION		LICENSE OR CERTIFICATION NUMBER		EXPIRATION DATE	
CAPACITY OF CURRENT ENROLLMENT		REQUESTED CAPACITY		TYPE OF RESIDENT OR CLIENT SERVED <input type="checkbox"/> M/M/D <input type="checkbox"/> MR/DD	

**ACKNOWLEDGEMENT**

MISSOURI

CITY OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_ and \_\_\_\_\_  
GOVERNING BODY PRESIDENT CHIEF ADMINISTRATIVE OFFICER

being duly sworn to me on his/her oath, deposes and says that he/she have read the foregoing application and that the statements contained therein are true and correct to the best of his/her knowledge; and further gives assurance of the ability and intention of the \_\_\_\_\_ to comply with the laws applicable to licensed and certified facilities

and the regulations established thereunder. It is understood that \_\_\_\_\_  
NAME OF APPLICANT OR AGENCY NAME OF APPLICANT OR AGENCY  
 will be eligible for licensure or certification only after it has complied with the requirements of the law and the regulations and codes, and that such licensure or certification is subject to revocation at any time this agency fails to comply with the law, regulations and codes. Furthermore, it is agreed that agents of the Department of Mental Health are authorized by law to make inspections of the premises, talk to employees, residents or clients about the operation of the facility, and to audit the financial records of this agency.

\_\_\_\_\_ and \_\_\_\_\_  
GOVERNING BODY PRESIDENT CHIEF ADMINISTRATIVE OFFICER  
 further certify the he/she will comply with all requirements, corrections and/or improvements in \_\_\_\_\_  
NAME OF APPLICANT OR AGENCY  
 contained in the survey reports completed by authorities of the Missouri Department of Mental Health and submitted to said program.

SIGNATURE (PRESIDENT)

SIGNATURE (CHIEF ADMINISTRATIVE OFFICER)

**NOTARY INFORMATION**

NOTARY PUBLIC EMBOSSEER OR BLACK RUBBER STAMP SEAL	STATE	COUNTY (OF CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	19
	<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>	
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

**CHECKLIST: Before mailing this application please be sure the following are enclosed, if required.**

**THE LICENSE FEE.** Please enclose a license fee for each premises to be licensed under this application. The license fee is \$10.00 for facilities and programs serving between 4 and 10 persons and \$50.00 for those serving more than 10 persons. No license fee is required of facilities or programs applying only for certification, nor of facilities serving less than 4 persons.

**A FLOOR PLAN** of the facility with narrative indicating how each room is to be used (license only).

**STAFFING PATTERN** indicating the number of direct care staff on duty during each shift Monday through Sunday.

**ADDENDUM: Listing of residential facilities and programs.**

**CPRC Application Addendum.**



**ADDENDUM: LISTING OF RESIDENTIAL FACILITIES AND PROGRAMS** (RESIDENTIAL FACILITIES AND PROGRAMS TO BE LICENSED OR CERTIFIED UNDER THIS APPLICATION. PLEASE LIST EACH PREMISES INDIVIDUALLY.)

NAME OF FACILITY				
ADDRESS	CITY	COUNTY	ZIP	PHONE
NAME OF CONTACT PERSON				PHONE
TYPE OF FACILITY <input type="checkbox"/> CPRC <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> DAY PROGRAM <input type="checkbox"/> FOSTER <input type="checkbox"/> RESPITE <input type="checkbox"/> ISL <input type="checkbox"/> OTHER RESIDENTIAL				
NAME OF OTHER LICENSURE, CERTIFICATION OR ACCREDITATION		LICENSE OR CERTIFICATION NUMBER		EXPIRATION DATE
CAPACITY OF CURRENT ENROLLMENT		REQUESTED CAPACITY	TYPE OF RESIDENT OR CLIENT SERVED <input type="checkbox"/> MI/MD <input type="checkbox"/> MR/DD	
NAME OF FACILITY				
ADDRESS	CITY	COUNTY	ZIP	PHONE
NAME OF CONTACT PERSON				PHONE
TYPE OF FACILITY <input type="checkbox"/> CPRC <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> DAY PROGRAM <input type="checkbox"/> FOSTER <input type="checkbox"/> RESPITE <input type="checkbox"/> ISL <input type="checkbox"/> OTHER RESIDENTIAL				
NAME OF OTHER LICENSURE, CERTIFICATION OR ACCREDITATION		LICENSE OR CERTIFICATION NUMBER		EXPIRATION DATE
CAPACITY OF CURRENT ENROLLMENT		REQUESTED CAPACITY	TYPE OF RESIDENT OR CLIENT SERVED <input type="checkbox"/> MI/MD <input type="checkbox"/> MR/DD	
NAME OF FACILITY				
ADDRESS	CITY	COUNTY	ZIP	PHONE
NAME OF CONTACT PERSON				PHONE
TYPE OF FACILITY <input type="checkbox"/> CPRC <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> DAY PROGRAM <input type="checkbox"/> FOSTER <input type="checkbox"/> RESPITE <input type="checkbox"/> ISL <input type="checkbox"/> OTHER RESIDENTIAL				
NAME OF OTHER LICENSURE, CERTIFICATION OR ACCREDITATION		LICENSE OR CERTIFICATION NUMBER		EXPIRATION DATE
CAPACITY OF CURRENT ENROLLMENT		REQUESTED CAPACITY	TYPE OF RESIDENT OR CLIENT SERVED <input type="checkbox"/> MI/MD <input type="checkbox"/> MR/DD	
NAME OF FACILITY				
ADDRESS	CITY	COUNTY	ZIP	PHONE
NAME OF CONTACT PERSON				PHONE
TYPE OF FACILITY <input type="checkbox"/> CPRC <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> DAY PROGRAM <input type="checkbox"/> FOSTER <input type="checkbox"/> RESPITE <input type="checkbox"/> ISL <input type="checkbox"/> OTHER RESIDENTIAL				
NAME OF OTHER LICENSURE, CERTIFICATION OR ACCREDITATION		LICENSE OR CERTIFICATION NUMBER		EXPIRATION DATE
CAPACITY OF CURRENT ENROLLMENT		REQUESTED CAPACITY	TYPE OF RESIDENT OR CLIENT SERVED <input type="checkbox"/> MI/MD <input type="checkbox"/> MR/DD	
NAME OF FACILITY				
ADDRESS	CITY	COUNTY	ZIP	PHONE
NAME OF CONTACT PERSON				PHONE
TYPE OF FACILITY <input type="checkbox"/> CPRC <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> DAY PROGRAM <input type="checkbox"/> FOSTER <input type="checkbox"/> RESPITE <input type="checkbox"/> ISL <input type="checkbox"/> OTHER RESIDENTIAL				
NAME OF OTHER LICENSURE, CERTIFICATION OR ACCREDITATION		LICENSE OR CERTIFICATION NUMBER		EXPIRATION DATE
CAPACITY OF CURRENT ENROLLMENT		REQUESTED CAPACITY	TYPE OF RESIDENT OR CLIENT SERVED <input type="checkbox"/> MI/MD <input type="checkbox"/> MR/DD	

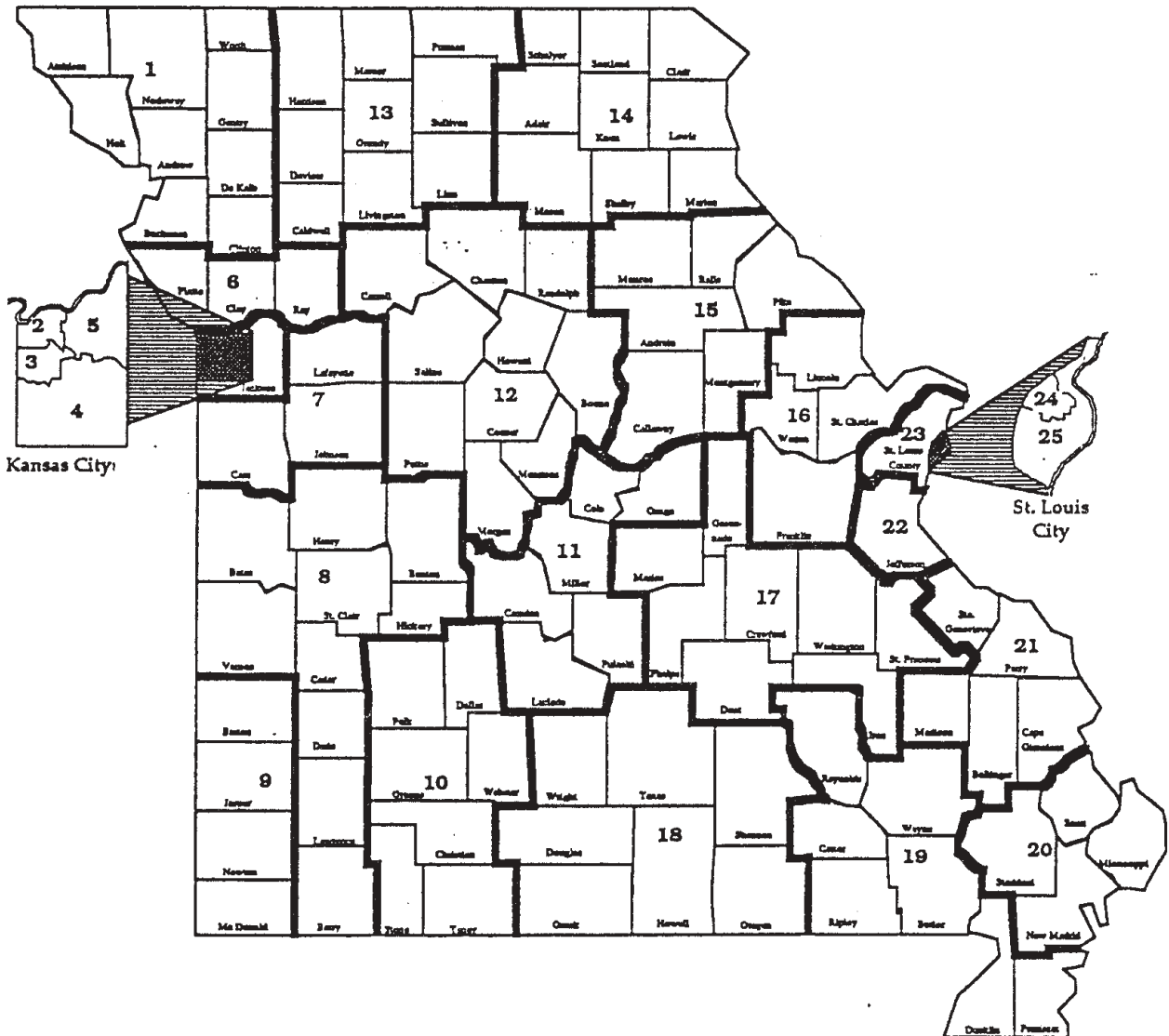






**SERVICE AREAS**

Please shade in counties served by your agency and, on the back portion of this page, outline any plans for expansion.



*AUTHORITY: sections 630.050, 630.655 and 632.050, RSMo 2000.\* Original rule filed Jan. 19, 1989, effective April 15, 1989. Emergency amendment filed Aug. 16, 1993, effective Aug. 26, 1993, expired Dec. 23, 1993. Emergency amendment filed Aug. 27, 1993, effective Sept. 8, 1993, expired Nov. 7, 1993. Emergency amendment filed Oct. 28, 1993, effective Nov. 7, 1993, expired March 6, 1994. Emergency amendment filed Dec. 9, 1993, effective Dec. 24, 1993, expired April 22, 1994. Amended: Filed Aug. 16, 1993, effective April 9, 1994. Amended: Filed Aug. 27, 1993, effective April 9, 1994. Amended: Filed Dec. 13, 1994, effective July 30, 1995. Amended: Filed Feb. 28, 2001, effective Oct. 30, 2001. Emergency amendment filed Dec. 28, 2001, effective Jan. 13, 2002, expired July 11, 2002. Amended: Filed Dec. 28, 2001, effective July 12, 2002.*

*\*Original authority: 630.050, RSMo 1980, amended 1993, 1995; 630.655 RSMo 1980 and 632.050, RSMo 1980.*

**9 CSR 30-4.032 Administration**

*PURPOSE: This rule sets out responsibilities and authority of the governing body and director of a community psychiatric rehabilitation program.*

(1) Each agency that is certified shall comply with requirements set forth in Department of Mental Health Core Rules for Psychiatric and Substance Abuse Programs, 9 CSR 10-7.090 Governing Authority and Program Administration.

(2) A CPR program director shall be appointed whose qualifications, authority and duties are defined in writing. The director shall have responsibility and authority for all operating elements of the CPR program, including all administrative and service delivery staff. If the CPR program director is not a qualified mental health professional as defined in 9 CSR 30-4.030, then the agency shall identify a clinical supervisor who is a qualified mental health professional who has responsibility for monitoring and supervising all clinical aspects of the program. If the agency is certified to provide services to children and youth, then the CPR program director shall have at least two (2) years of supervisory experience with children and youth. If the CPR program director does not meet these requirements, the agency shall identify a clinical supervisor for children and youth services who is a qualified mental health professional who has responsibility for monitoring and supervising all clinical aspects of the program and meets the above requirements.

(3) The CPR provider shall maintain a policy and procedure manual for all aspects of its operations. CPR program plans, policies and procedures shall include descriptions, details and relevant information about—

- (A) The philosophy, types of services and organization of the CPR provider;
- (B) Goals and objectives;
- (C) Organization and methods of personnel utilization;

(D) Relationship among components within the organization and with agencies outside of the program;

- (E) Location of service sites;
- (F) Hours and days of operation of each site;

(G) The outreach plan for all services offered;

(H) Infection control procedures, addressing at least those infections that may be spread through contact with bodily fluids;

- (I) The scope of volunteer activities;

(J) Safety precautions and procedures for clients, volunteers, employees and others;

(K) Staff communication with the governing body;

(L) The on-site use of tobacco, alcohol and other substances;

(M) Emergency policies and procedures by staff, volunteers, clients, visitors and others for—

- 1. Medical emergencies;
- 2. Natural emergencies, such as earthquakes, fires, severe storms, tornado or flood;
- 3. Behavioral crisis;
- 4. Abuse or neglect of clients;
- 5. Injury or death of a client; and
- 6. Arrest or detention of a client;

(N) Policies and procedures which address commonly occurring client problems such as missed appointments, appearing under the influence of alcohol or drugs, broken rules, suicide attempts, loitering, accidents, harassment and threats; and

(O) Relevant information about service provision for children and youth addressing any and all aspects of subsections (A) through (N) of this rule.

(4) The governing body shall establish a formal mechanism to solicit recommendations and feedback from clients, client family members and client advocates regarding the appropriateness and effectiveness of services, continuity of care and treatment. The CPR provider shall document issues raised, including recommendations made by clients, client family members and client advocates; actions taken by the governing body, director and CPR program staff; an implementation plan and schedule to resolve issues cited.

*AUTHORITY: section 630.655, RSMo 2000.\* Original rule filed Jan. 19, 1989, effective April 15, 1989. Amended: Filed Dec. 13, 1994, effective July 30, 1995. Amended: Filed Feb. 28, 2001, effective Oct. 30, 2001. Emergency amendment filed Dec. 28, 2001, effective Jan. 13, 2002, expired July 11, 2002. Amended: Filed Dec. 28, 2001, effective July 12, 2002.*

*\*Original authority: 630.655, RSMo 1980.*

**9 CSR 30-4.033 Fiscal Management of Community Psychiatric Rehabilitation Programs**

*PURPOSE: This rule prescribes fiscal policies and procedures for community psychiatric rehabilitation programs.*

(1) Each agency that is certified shall comply with requirements set forth in Department of Mental Health Core Rules for Psychiatric and Substance Abuse Programs, 9 CSR 10-7.100 Fiscal Management.

(2) Unless prohibited by law, an independent public accountant shall conduct an annual audit of the community psychiatric rehabilitation (CPR) provider's fiscal operations.

(A) The CPR provider shall make the audit available to staff who have responsibility for budget and management.

(B) The audit shall report, according to the methods, policies and procedures established by the department, individual unit costs for each service provided by the CPR provider.

(C) The governing body shall review and approve the audit.

(D) The CPR provider shall correct or resolve adverse audit findings following approval by the governing body.

*AUTHORITY: section 630.655, RSMo 2000.\* Original rule filed Jan. 19, 1989, effective April 15, 1989. Amended: Filed Dec. 13, 1994, effective July 30, 1995. Amended: Filed Feb. 28, 2001, effective Oct. 30, 2001.*

*\*Original authority: 630.655, RSMo 1980.*

**9 CSR 30-4.034 Personnel and Staff Development**

*PURPOSE: This rule prescribes personnel policies and procedures for community psychiatric rehabilitation programs.*

(1) Each agency that is certified shall comply with requirements set forth in Department of Mental Health Core Rules for Psychiatric and

Substance Abuse Programs, 9 CSR 10-7.110 Personnel.

(2) Only qualified professionals shall provide community psychiatric rehabilitation (CPR) services. Qualified professionals for each service shall include:

(A) For intake/annual evaluations, an evaluation team consisting of, at least, a physician, one (1) other mental health professional, as defined in 9 CSR 30-4.030, and including, for the annual evaluation, the community support worker assigned to each client;

(B) For brief evaluation, an evaluation team consisting of at least, a physician and one (1) other mental health professional, as defined in 9 CSR 30-4.030;

(C) For treatment planning, a team consisting of at least a physician, one (1) other mental health professional as defined in 9 CSR 30-4.030 and the client's community support worker;

(D) For crisis intervention and resolution, any mental health professional as defined in 9 CSR 30-4.030;

(E) For medication services, a physician, psychiatric pharmacist or advanced practice nurse as defined in 9 CSR 30-4.030;

(F) For medication administration, a physician, registered professional nurse (RN), licensed practical nurse (LPN), advanced practice nurse, or psychiatric pharmacist;

(G) For medication administration support, a medication technician or medication aide as defined in 9 CSR 30-4.030;

(H) For community support:

1. A mental health professional or an individual with a bachelor's degree in social work, psychology, nursing or a related field, supervised by a psychologist, professional counselor, clinical social worker, psychiatric nurse or individual with an equivalent degree as defined in 9 CSR 30-4.030. Equivalent experience in psychiatric and/or substance abuse treatment may be substituted on the basis of one (1) year of experience for each year of required educational training; or

2. A community support assistant with a high school diploma or equivalent and applicable training required by the department, supervised by a qualified mental health professional as defined in 9 CSR 30-4.030. A community support assistant may receive assignments and direction from a community support worker; and

(I) For consultation services, a physician, a psychiatric pharmacist or advanced practice nurse as defined in 9 CSR 30-4.030.

(3) The CPR provider shall ensure that an adequate number of appropriately qualified staff is available to support the functions of

the program. The department shall prescribe caseload size and supervisory to staff ratios.

(A) Caseload size may not exceed one (1) community support worker to twenty (20) clients in the rehabilitation level of care and one (1) community support to twelve (12) children and youth in the rehabilitation level of care.

(B) The supervisory to staff ratio in the rehabilitation level of care should not exceed one (1) qualified mental health professional to seven (7) community support workers.

(C) The supervisory to staff ratio in the rehabilitation level of care should not exceed one (1) qualified mental health professional to two (2) community support assistants.

(D) The supervisory to staff ratio in the rehabilitation level of care should not exceed one (1) qualified mental health professional to eight (8) total staff.

(4) The department may issue waivers and exceptions to the staffing patterns promulgated under this section as it deems necessary and appropriate.

(5) Personnel policies and procedures shall comply with all aspects of 9 CSR 10-7.110, shall apply to all staff and volunteers working in the CPR program and shall include:

(A) Requirements for an annual written job performance evaluation for each employee and procedures which provide staff with the opportunity to review the evaluation; and

(B) Client abuse and neglect and procedures for investigating alleged violations.

(6) The provider shall have and implement a process for granting clinical privileges to practitioners.

(A) Each treatment discipline shall define clinical privileges based upon identified and accepted criteria approved by the governing body.

(B) The process shall include periodic review of each practitioner's credentials, performance, education, and the like, and the renewal or revision of clinical privileges at least every two (2) years.

(C) The provider shall base initial granting and renewal of clinical privileges on—

1. Well-defined written criteria for qualifications, clinical performance and ethical practice related to the goals and objectives of the program;

2. Verified licensure, certification or registration, if applicable;

3. Verified training and experience;

4. Recommendations from the agency's program, department service, or all of these, in which the practitioner will be or has been providing service;

5. Evidence of current competence;

6. Evidence of health status related to the practitioner's ability to discharge his/her responsibility, if indicated; and

7. A statement signed by the practitioner that s/he has read and agrees to be bound by the policies and procedures established by the provider and governing body.

(D) Renewal or revision of clinical privileges also shall be based on—

1. Relevant findings from the providers quality assurance activities; and

2. The practitioner's adherence to the policies and procedures established by the provider and governing body.

(E) As part of the privileging process, the provider shall establish procedures to—

1. Afford a practitioner an opportunity to be heard, upon request, when denial, curtailment or revocation of clinical privileges is planned;

2. Grant temporary privileges on a time-limited basis; and

3. Ensure that nonprivileged staff receive close and documented supervision from privileged practitioners until training and experience are adequate to meet privilege requirements.

(7) The CPR provider shall establish, maintain and implement a written plan for professional growth and development of personnel.

(A) The CPR provider shall provide orientation within thirty (30) calendar days of employment, documented, for all personnel and affiliates, and shall include, but not be limited to:

1. Client rights and confidentiality policies and procedures, including prohibition and definition of verbal/physical abuse;

2. Client management, for example, techniques which address verbal and physical management of aggressive, intoxicated or behaviorally disturbed clients;

3. CPR program emergency policies and procedures;

4. Infection control;

5. Job responsibilities;

6. Philosophy, values, mission and goals of the CPR provider; and

7. Principles of appropriate treatment, including for staff working with children and youth, principles related to children and youth populations.

(B) Staff who are transferred or promoted to a new job assignment shall receive orientation to their new job responsibilities within thirty (30) days of actual transfer.

(C) The CPR provider shall provide orientation for volunteers and trainees within thirty (30) calendar days of initial attendance or



employment that includes, but is not limited to, the following:

1. Client rights and confidentiality policies and procedures, including verbal/physical/sexual abuse;
2. CPR program emergency policies and procedures;
3. Philosophy, values, mission and goals of the CPR provider; and
4. Other topics relevant to their assignments.

(D) Staff working within the CPR program also shall receive additional training within six (6) months of employment. This training shall include, but is not limited to:

1. Signs and symptoms of disability-related illnesses;
2. Working with families and caretakers of clients receiving services;
3. Rights, roles and responsibilities of clients and families;
4. Methods of teaching clients self-help, communication and homemaking skills in a community context;
5. Writing and implementing an individual treatment plan specific to community psychiatric rehabilitation services, including goal setting, writing measurable objectives and development of specific strategies or methodologies;
6. Basic principles of assessment;
7. Special needs and characteristics of individuals with serious mental illnesses;
8. Philosophy, values and objectives of community psychiatric rehabilitation services for individuals with serious mental illnesses; and
9. Staff working with children and youth shall receive additional training in the above areas as it pertains to children and youth.

(8) The CPR provider shall develop and implement a written plan for comprehensive training and continuing education programs for community support workers, community support assistants and supervisors in addition to those set out in section (7).

(A) Orientation for community support workers, community support assistants and supervisors shall include, but is not limited to, the following items:

1. Philosophy, values and objectives of community psychiatric rehabilitation services for individuals with serious and persistent mental illnesses;
2. Behavioral management, crisis intervention techniques and identification of critical situations;
3. Communication techniques;
4. Health assessment and medication training;

5. Legal issues, including commitment procedures;

6. Identification and recognition of critical situations; and

7. Staff working with children and youth shall receive additional training in the above areas as it pertains to children and youth.

(B) The curricula for training shall include a minimum set of topics as required by the department and through consultation by a psychiatrist.

(9) Each community support worker, community support assistant and supervisor shall complete ten (10) hours of initial training before receiving an assigned client caseload or supervisory caseload.

(10) 9 CSR 10-7.110 requires that all staff shall participate in at least thirty-six (36) clock hours of relevant training during a two (2)-year period. All staff working within the CPR program and services shall receive a minimum of twelve (12) clock hours per year of continuing education and relevant training.

(11) All training activities shall be documented in employee personnel files, to include the training topic, name of instructor, date of activity, duration, skills targeted/objective of skill, certification/continuing education units (if any) and location.

*AUTHORITY: sections 630.050, 630.655 and 632.050, RSMo 2000.\* Original rule filed Jan. 19, 1989, effective April 15, 1989. Emergency amendment filed Aug. 27, 1993, effective Sept. 8, 1993, expired Nov. 7, 1993. Emergency amendment filed Oct. 28, 1993, effective Nov. 7, 1993, expired March 6, 1994. Emergency amendment filed Feb. 15, 1994, effective March 6, 1994, expired April 10, 1994. Amended: Filed Aug. 27, 1993, effective April 9, 1994. Emergency amendment filed June 15, 1994, effective June 25, 1994, expired Oct. 21, 1994. Amended: Filed June 15, 1994, effective Oct. 30, 1994. Amended: Filed Dec. 13, 1994, effective July 30, 1995. Emergency amendment filed Aug. 11, 1999, effective Aug. 22, 1999, expired Feb. 17, 2000. Amended: Filed Aug. 11, 1999, effective Feb. 29, 2000. Amended: Filed Feb. 28, 2001, effective Oct. 30, 2001. Emergency amendment filed Dec. 28, 2001, effective Jan. 13, 2002, expired July 11, 2002. Amended: Filed Dec. 28, 2001, effective July 12, 2002. Amended: Filed July 31, 2002, effective March 30, 2003.*

*\*Original authority: 630.050, RSMo 1980, amended 1993, 1995; 630.655, RSMo 1980; and 632.050, RSMo 1980.*

**9 CSR 30-4.035 Client Records of a Community Psychiatric Rehabilitation Program**

*PURPOSE: This rule prescribes the content requirements of a clinical record maintained by a community psychiatric rehabilitation program.*

(1) Each agency that is certified shall comply with requirements set forth in Department of Mental Health Core Rules for Psychiatric and Substance Abuse Programs, 9 CSR 10-7.030 Service Delivery Process and Documentation.

(2) The CPR provider shall implement policies and procedures to assure routine monitoring of client records for compliance with applicable standards.

(3) At intake, each CPR provider shall compile in a format acceptable to the department, and file in the client record an evaluation which shall include:

- (A) Presenting problem, request for assistance, symptoms, and functional deficits;
- (B) Personal, family, educational, treatment and community history;
- (C) Reported physical and medical complaints and the need for screening for medical, psychiatric, or neurological assessment or other specialized evaluation;
- (D) Findings of a brief mental status examination;
- (E) Current functional strengths and weaknesses obtained through interview and behavioral observation;
- (F) Specific problem indicators for individualized treatment;
- (G) Existing personal support systems and current use of community resources;
- (H) Diagnostic formulation;
- (I) Specific recommendations for further evaluation and treatment;
- (J) Consultation between a physician and the psychologist or other mental health professional(s) conducting the psychosocial/clinical evaluation addressing the client's need and the appropriateness of outpatient rehabilitation. Consultation may be performed by an advanced practice nurse if that individual is providing medication management services to the client; and
- (K) The clinical record must support the level of care.

(4) The CPR provider shall develop and maintain for each client an individual treatment plan using a standardized format furnished by the department, at its discretion, which is filed in the master client record. The

treatment plans shall record, at a minimum, the following as indicated:

(A) Service Data.

1. The reason(s) for admission into rehabilitation services.
2. Criteria or plans, or both for movement.
3. Criteria for discharge.
4. A list of agencies currently providing program/services; the type(s) of service; date(s) of initiation of program/services.
5. A summary statement of prioritized problems and assets; and

(B) Treatment Goals and Objectives for the Treatment Plan and Any Components.

1. Specific individualized medication, psychosocial rehabilitation, behavior management, critical intervention, community support goals and other services and interventions as prescribed by the team.
2. The treatment regimen, including specific medical and remedial services, therapies and activities that will be used to meet the treatment goals and objectives.
3. A projected schedule for service delivery, including the expected frequency and duration of each type of planned therapeutic session or encounter.
4. The type of personnel who will furnish the services.
5. A projected schedule for completing reevaluations of the client's condition and for updating the treatment plan.
6. Resources required to implement recommended services.
7. A schedule for the periodic monitoring of the client that reflects factors which may adversely affect client functioning.
8. Level of care.

(5) A physician shall approve the treatment plan. A licensed psychologist may approve the treatment plan only in instances when the client is currently receiving no prescribed medications and the clinical recommendations do not include a need for prescribed medications. An advanced practice nurse may approve the treatment plan if that individual is providing medication management services to the client.

(6) The CPR provider shall ensure that the client participates in the development of the treatment plan and signs the plan. Client signature is not required if signing would be detrimental to client's well-being. If the client does not sign the treatment plan, the CPR provider shall insert a progress note in the case record explaining the reason the client did not sign the treatment plan.

(7) The treatment plan, goals and objectives shall be completed within thirty (30) days of the client's admission to services.

(8) Each client's record shall document services, activities or sessions that involve the client.

(A) For psychosocial rehabilitation, the clinical record shall include:

1. A weekly note that summarizes specific services rendered, client response to the services, and pertinent information reported by family members or significant others regarding a change in the client's condition, or an unusual/unexpected occurrence in the client's life, or both; and
2. Daily attendance records or logs that include actual attendance times, as well as activity or session attended. These program attendance records/logs must be available for audit and monitoring purposes, however integration into each clinical record is not required.

(B) For all other community psychiatric rehabilitation program services, the client record shall include documentation of each session or episode that involves the client.

1. The specific services rendered.
2. The date and actual time the service was rendered.
3. Who rendered the service.
4. The setting in which the services were rendered.
5. The amount of time it took to deliver the services.
6. The relationship of the services to the treatment regimen described in the treatment plan.
7. Updates describing the client's response to prescribed care and treatment.

(9) In addition to documentation required under section (8), the CPR provider shall provide additional documentation for each service episode, unit or as clinically indicated for each service provided to the client as follows:

(A) Medication Services.

1. Description of the client's presenting condition.
2. Pertinent medical and psychiatric findings.
3. Observations and conclusions.
4. Client's response to medication, including identifying and tracking over time, one (1) or more target symptoms for each medication prescribed.
5. Actions and recommendations regarding the client's ongoing medication regimen.
6. Pertinent/significant information reported by family members or significant others regarding a change in the client's con-

dition, an unusual or unexpected occurrence in the client's life, or both;

(B) Crisis Intervention and Resolution Services.

1. Description of the precipitating event(s)/situation, when known.
  2. Description of the client's mental status.
  3. Interventions initiated to resolve the client's crisis state.
  4. Client response to intervention.
  5. Disposition.
  6. Planned follow-up by staff; and
- (C) Community Support Services.
1. Phone contact reports.
  2. Pertinent information reported by family members or significant others regarding a change in the client's condition, an unusual or unexpected occurrence in the client's life, or both.

(10) An evaluation team, consisting of at least, a qualified mental health professional and the client's community support worker, if appropriate, shall review the treatment plan, goals and objectives on a regular basis, as determined by department policy.

(A) The review will determine the client's progress toward the treatment objectives, the appropriateness of the services being furnished and the need for the client's continued participation in specific community psychiatric rehabilitation services.

(B) The team shall document the review in detail in the client record.

(C) The CPR provider shall make the review available as requested for state or federal review purposes.

(D) The CPR provider shall ensure the client participates in the treatment plan review.

(E) For clients in the rehabilitation level of care, treatment plans shall be reviewed at a minimum every ninety (90) calendar days and the review documented in the case record.

(11) The treatment plan shall be rewritten annually and shall comply with the guidelines set forth in 9 CSR 30-4.035(4), (5) and (6).

(12) The CPR program also shall include other information in the client record, if not otherwise addressed in the intake/annual evaluation or treatment plan, including:

- (A) The client's medical history, including:
1. Medical screening or relevant results of physical examinations; and
  2. Diagnosis, physical disorders and therapeutic orders;
- (B) Evidence of informed consent;
- (C) Results of prior treatment; and

(D) Condition at discharge from prior treatment.

(13) Any authorized person making any entry in a client's record shall sign and date the entry, including corrections to information previously entered in the client record.

(14) CPR program staff shall conduct or arrange for periodic evaluations for each client. Clients in the rehabilitation and intensive levels of care shall have annual evaluations completed. The evaluation shall be in a format approved by the department and shall include:

(A) Presenting problem and request for assistance;

(B) Changes in personal, family, educational, treatment and community history;

(C) Reported physical/medical complaints;

(D) Current functional weaknesses and strengths;

(E) Changes in existing personal support systems and use of community resources;

(F) Description of the client's apparent change in condition from one (1) year ago;

(G) Specific problem indicators required by the department;

(H) Update of the diagnostic formulation;

(I) Specific recommendations for further evaluation and/or treatment;

(J) Information obtained through interview and behavioral observations that will contribute to the formulation of a new treatment plan; and

(K) Consultation between a physician and/or psychologist and the mental health professional(s) conducting the psychosocial/clinical evaluation addressing the client's need and appropriateness for continued outpatient rehabilitation.

(15) CPR program staff shall prepare and enter a discharge summary in the client's record when the client has been discharged from the CPR program. This discharge summary shall meet all requirements in 9 CSR 10-7.030(9).

(16) The CPR provider shall establish and implement a procedure that assures the inter-center transfer of referral and treatment information within five (5) working days.

(17) The CPR provider shall provide information, as requested, regarding client characteristics, services and costs to the department in a format established by the department.

(18) Each agency that is certified shall be subject to recoupment of all or part of

Department of Mental Health payments when:

(A) The client record fails to document the service paid for was actually provided;

(B) The client record fails to document the service paid for was provided by a qualified staff person, as defined in the Department of Mental Health Purchase of Service Catalog;

(C) The client record fails to document the service that was paid meets the service definition, as defined in the Department of Mental Health Purchase of Service Catalog;

(D) The client record fails to document the amount, duration, and length of service paid for by the department; and

(E) The client record fails to document the service paid for was delivered under the direction of a current treatment plan that meets all the requirements for treatment plans set forth in 9 CSR 10-7.030 and 9 CSR 30-4.035.

(19) Form number MO 650-3190 is included herein.