

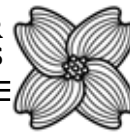


RULES OF
**Department of Health and Senior
Services**

**Division 15—Division of Senior and Disability
Services**

Chapter 7—Service Standards

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**TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR
SERVICES**

**Division 15 – Division of Senior and Disability
Services**

Chapter 7 – Service Standards

19 CSR 15-7.005 Definitions

PURPOSE: This rule defines terms used in this chapter.

(1) Area Agency on Aging – The agency designated by the division in a planning and service area to develop and administer a plan and administer available funds for a comprehensive and coordinated system of services for older adults and adults with disabilities who require similar services.

(2) Case management – A service which ensures that individuals with chronic or acute care needs are assessed and provided with a comprehensive and coordinated service program designed to meet those assessed needs.

(3) Caterer – A restaurant, hospital, school, or commercial organization which prepares meals under contract.

(4) Center – Any facility regardless of terminology used, that is, senior center, congregate nutrition center, nutrition site, supportive services center, satellite center or site, or multipurpose senior center, that is utilized to provide one (1) or more services to older adults.

(5) Congregate nutrition services – The provision of nutrition services to older adults in a congregate or group setting.

(6) Contributions – Money or Supplemental Nutrition Assistance Program (SNAP) (for meals only) given voluntarily and confidentially toward the cost of a service received.

(7) Division – The Division of Senior and Disability Services of the Missouri Department of Health and Senior Services.

(8) Greatest economic need – The need resulting from an income level at or below the poverty line.

(9) Greatest social need – The need caused by non-economic factors, including disability; language barriers; and cultural, social, or geographic isolation, including isolation caused by racial or ethnic status, which restrict the ability of an individual to perform normal daily tasks and/or threatens the capacity of the individual to live independently.

(10) Follow-up – Recontacting the inquirer or agency/organization to whom the referral was made to assure if contact was made or if further services are required.

(11) Frail elderly – Older adults having a physical or mental disability, including having Alzheimer's disease or a related disorder with neurological or organic brain dysfunction, that restricts the ability of the individual to perform normal daily tasks or which threatens the capacity of the individual to live independently.

(12) Home and community based services – services offered to eligible adults in a non-institutional setting.

(13) Homebound – One who is confined to the home because of illness or incapacitating disability.

(14) Home-delivered nutrition services – Nutrition services delivered to eligible recipients in their homes.

(15) Low-income – Persons whose annual income is at or below the poverty threshold established by the Office of Management and Budget.

(16) Minority – Individuals of the following racial/ethnic compositions: American Indian/Alaskan Native; Asian/Pacific Islander; Black, not of Hispanic origin; or Hispanic.

(17) Multipurpose senior center – A community or neighborhood facility for the organization and provision of a broad spectrum of services which shall include but not be limited to provision of health, including mental health, social, nutrition, and educational services, and the provision of facilities for recreational activities for older adults.

(18) Nutrition services – Provision of congregate or home-delivered meals, or both.

(19) Older adult – A person sixty (60) years of age or older.

(20) Outreach – Intervention with individuals initiated by an agency or organization for the purpose of identifying potential participants (or their caregivers) and encouraging their use of existing services and benefits.

(21) Participant – An eligible individual who receives one (1) or more services.

(22) Public education – Provision of information to the public where seniors gain access to area agency on aging services or the information meets a need of the elderly.

(23) Senior center – A facility providing nutrition services and a variety of supportive services to older adults.

(24) Service provider – Any agency which contracts with the Missouri Department of Health and Senior Services; Department of Social Services, Missouri Medicaid Audit and Compliance; or an area agency on aging to provide services directly to older adults.

(25) Volunteer – A person, other than staff or Senior Community Service Employment Program (SCSEP) enrollees, who contributes personal service.

AUTHORITY: section 192.2000, RSMo 2016. Original rule filed Jan. 6, 1986, effective April 30, 1986. Amended: Filed Feb. 17, 1988, effective June 15, 1988. Amended: Filed June 3, 1991, effective Oct. 31, 1991. Amended: Filed May 12, 2000, effective Nov. 30, 2000. Moved to 19 CSR 15-7.005, effective Aug. 28, 2001. Amended: Filed Feb. 7, 2023, effective Aug. 30, 2023.*

**Original authority: 192.2000, RSMo 1984, amended 1988, 1992, 1993, 1994, 1995, 2001, 2014.*

19 CSR 15-7.010 General Requirements for All Service Providers

PURPOSE: This rule describes the general requirements that all service providers shall meet to receive grants or subgrants to provide services for older adults or low income adults with disabilities funded by the division or area agencies on aging.



PUBLISHER'S NOTE: The secretary of state has determined that publication of the entire text of the material that is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Service providers shall meet all applicable state and local licensure and safety requirements for the provision of those particular services.

(2) Service providers shall maintain any licensure, certification or registration mandated by any state or local government, body or board.

(3) Service providers shall allow only employees or volunteers holding a current license, certification or registration to perform those tasks, duties or functions for which licensure, certification or registration is required by any state or local agency, body or board.

(4) Service providers shall have an adequate number of staff (paid or volunteer) who are qualified to perform assigned functions in order to implement the activities and services.

(A) Multilingual staff shall be available when there are substantial numbers of non-English speaking participants.

(B) A written job description for each position function and responsibility and the line of supervisory authority for each position (paid and volunteer) shall be developed and maintained. Personnel qualifications shall meet job description requirements.

(C) A written performance evaluation of each paid staff member shall be done at least annually and shall be maintained in the employee's personnel file.

(D) A training file shall be maintained that documents the type of training provided, names of staff and volunteers participating, number of hours of training provided, and date(s) training was provided. A report of each employee's orientation and in-service training provided by the service provider and from other sources shall be placed in that employee's personnel file.

(5) Centers shall be in compliance with all applicable state and local fire and safety laws, as well as the following requirements:

(A) If the division determines that the state or local fire safety laws, ordinances, or codes are not adequate to assure the safety of older persons or for any locality that has no governing fire and safety laws, ordinances, or codes, the provisions of the National Fire Protection Association *Life Safety Code* (NFPA No. 101, 1981 edition) for places of assembly shall apply;

(B) Centers shall have installed and shall maintain in operable condition an adequate number of smoke detectors and fire extinguishers of the appropriate type as determined by consultation with state or local fire authorities. All smoke detectors and fire extinguishers shall be located within the premises according to the recommendations of state or local fire authorities;

(C) Centers shall develop a written safety and evacuation plan for assuring the safety of participants, staff, and volunteers in case of fire or other hazardous situations and evacuation drills shall be conducted annually. Copies of the plan shall be

on file at the center and at the area agency on aging's office and a charted plan shall be posted conspicuously in the center. The plan and procedures shall include but need not necessarily be limited to –

1. A written assessment of potential fire or safety hazards present on the premises and actions and procedures that are to be followed to minimize danger;

2. A written schedule for annual check of smoke detectors and fire extinguishers to assure that adequate pressure or battery strength is maintained for efficient operation when needed; and

3. A written training plan including frequency of comprehensive and refresher training for staff and volunteers on safety responsibilities and actions to be taken if an emergency situation occurs with documentation of training sessions provided; and

(D) Fire inspections shall be conducted annually at all centers by state or local fire authorities. Documentation of the inspector's report, recommendations, and corrections of any deficiencies shall be maintained at the area agency on aging and center offices.

(6) Service providers whose staff have direct physical contact with participants shall make emergency arrangements in consultation with relevant agencies for dealing with participant personal emergencies that include –

(A) Specific personnel designated and trained to take charge in an emergency;

(B) A person, present or immediately available during all hours that the center is open, who has successfully completed a training course in first aid or emergency care that included at least:

1. Basic first aid;

2. Cardiopulmonary resuscitation (CPR);

3. Heimlich maneuver; and

4. Guidelines on when to attempt first aid or when to take alternative action; and

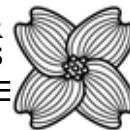
(C) Written instructions posted conspicuously which include the 911 emergency telephone number, if available, or other local emergency telephone numbers, such as those of physicians, ambulances, hospital emergency rooms, and local civil defense or disaster offices if the 911 number is not available in the community.

(7) Caterers and centers in which food is prepared, served, or both, shall be maintained in a safe and sanitary manner and shall be in compliance with all applicable state, county, or city health codes. Each location at which food is prepared shall be inspected annually by state or local health authorities. Each location at which prepared food is received from another source shall be inspected annually by state or local health authorities. Documentation of the inspector's report, recommendations, and corrections of any deficiencies shall be kept at both the area agency on aging and center offices.

(8) Service provider staff and volunteers shall be familiar with and shall be able to recognize situations of possible abuse, neglect, exploitation, or likelihood of serious physical harm involving older adults. Instances of potential abuse, neglect, exploitation, or likelihood of serious physical harm shall be immediately reported to the division's Adult Abuse and Neglect Hotline (1-800-392-0210) or Missouri Adult Abuse and Neglect Online Reporting System (<https://health.mo.gov/safety/abuse/>).

(9) Service providers shall provide the following:

(A) Public information and education activities to ensure



that older adults are informed of the services available and have maximum opportunity for participation;

(B) Coordination with other service providers in the planning and service area to assure comprehensive delivery of services and reduce duplication; and

(C) A written complaint procedure through which the participant can communicate to the service provider aspects of the service which impact negatively upon them.

(10) Service providers who use volunteers shall develop a written plan for recruiting, orienting, training, supervising and terminating volunteers.

(11) Service providers shall serve older adults with the greatest economic or social need, especially low-income minority persons, older adults residing in rural areas, and frail individuals. Service providers may use methods such as location of services and specialization in the types of services most needed by these groups to meet this requirement. Service providers shall not use a means test to deny individuals services within the target population.

(12) Service providers shall obtain the views of participants about the services they receive.

(13) Service providers shall assure that federal funds shall be used as the payer of last resort.

(14) Service providers shall implement the provisions of the Americans with Disabilities Act (ADA) of 1990 (PL 101-336), which prohibits discrimination against people with disabilities, to include –

(A) Operation of programs, services, and activities in such a manner as to be readily accessible to and usable by persons with disabilities;

(B) Senior centers are considered places of public accommodation and must therefore comply with the ADA. The responsibility to remove barriers in existing buildings is an ongoing process and area agencies on aging should use the following priorities as a guide to increase accessibility: 1) access to the facility; 2) access to the area in which goods and services are available; 3) access to restroom facilities; and 4) removing any remaining barriers. Area agencies on aging offering services in buildings where barrier removal is not readily achievable must develop a written implementation plan designed to achieve compliance, as well as a written policy outlining alternative methods to provide services during the interim. All renovations, alterations, or new construction must ensure compliance with ADA requirements by using the ADA Standards for Accessible Design published in Appendix A to the Department of Justice Title III regulations, 28 CFR part 36, which is incorporated by reference in this rule, as published on July 1, 2021, by the Office of the Federal Register, National Archives and Records Administration, Washington, DC 20408, and available at <https://bookstore.gpo.gov>. This rule does not incorporate any subsequent amendments or additions; and

(C) Reasonable accommodation shall be made in policies, practices, and procedures to allow participation of persons with disabilities. To the greatest extent possible, services should be provided in an integrated setting; however, when barriers cannot be removed, alternative methods of providing the services, programs, and activities must be offered.

(15) Procedures for handling contributions shall be developed and implemented that include the following:

(A) Each participant shall be provided with an opportunity to voluntarily contribute to the cost of the service;

(B) The privacy of each participant with respect to his/her contribution shall be protected;

(C) Establish and implement a system of internal control that ensures all contributions received are fully and accurately recorded, deposited, accounted for, and reported to the area agency on aging.

1. Collecting contributions in a locked box at senior centers.

2. Using two (2) persons when accessing contributions or to count receipts.

3. Keeping receipts in a secure area or locked box until deposited.

4. Recording all contributions on the date of receipt.

5. Taking precautions to prevent theft of cash receipts.

6. Reporting contribution receipts to the area agency on aging at least monthly.

7. Avoiding an accumulation of a large balance of income on hand;

(D) All contributions shall be used to expand the service for which the contribution was made. Nutrition services contributions shall be used to increase the number of meals served, to facilitate access to meals and to provide supportive services directly related to nutrition services;

(E) A suggested contribution schedule may be developed for each service provided. In developing a contribution schedule, the provider shall consider the income ranges of elderly persons in the community, the provider's other source of income and the actual cost of the service. The contribution schedule should be revised periodically as needed; and

(F) A provider shall not deny any elderly person a service because the elderly person will not or cannot contribute to the cost of the service. An eligible participant shall not be charged for participating in any service or activity.

(16) Administrative policies and procedures shall be followed which include –

(A) A current Affirmative Action/Equal Employment Opportunity Plan and Program as required by the Civil Rights Act of 1964 and the Equal Employment Opportunity Act of 1972;

(B) Record keeping and confidentiality as cited in 19 CSR 15-4.300;

(C) Reporting systems to document and report all required program, fiscal, and administrative information needed;

(D) Bonding for all volunteers, staff or governing body members who have fiscal responsibilities, to protect against loss of federal and state funds or agency income;

(E) Insurance coverage which includes –

1. Workers' Compensation – statutory amount as prescribed by the laws of Missouri;

2. Comprehensive general liability covering employees, volunteers and participants;

3. Product liability as applicable to the service provided; and

4. Automobile liability for service provider vehicles and, for volunteers using their own vehicles, at least a procedure for verifying that the volunteer maintains adequate insurance and understands his/her liability;

(F) Written policies that specify which holidays and special event days may be observed by curtailing delivery of services and procedures for publicizing these dates and assuring that participants are informed;

(G) Written policies and procedures to be followed when service delivery must be interrupted due to emergency situations including –



1. Definition of types of emergencies (weather, natural disaster, health, pandemic, and the like);
 2. Specifications of the person/position responsible for making the decision to interrupt scheduled service delivery; and
 3. Identification of procedures to be followed for notifying participants; and
- (H) Written policies and procedures to be followed when it is necessary to terminate or deny services to an individual participant that include –
1. Justification for termination or denial;
 2. Referral to other needed services; and
 3. Follow-up for return to service, when appropriate.

(17) Any facility altered, renovated, acquired by purchase or lease, or constructed using federal or state funds may not be used for religious instruction or as a place of worship, as follows:

(A) Federal and state funds shall not be used to renovate, alter or construct a building that is also intended to be used, or is used, as a place of worship even though the building may serve as a multipurpose senior center;

(B) Service providers shall have a written agreement with sectarian organizations housing alternative services programs which includes the provision that all equipment purchased with federal funds remain the property of the area agency on aging, as per 45 CFR part 75, which is incorporated by reference in this rule, as published on October 1, 2021, by the Office of the Federal Register, National Archives and Records Administration, Washington, DC 20408, and available at <https://bookstore.gpo.gov>. This rule does not incorporate any subsequent amendments or additions;

(C) Each individual participant shall have a free choice of whether or not they wish to participate in prayer and no staff (paid or volunteer for that day) shall initiate, lead, organize, or encourage a prayer or moment of silence; and

(D) Service providers shall ensure that no federal or state funds shall be used for religious instruction or worship.

(18) Any facility altered, renovated, acquired by purchase or lease, or constructed using federal or state funds may not be used for political campaigning on behalf of any candidate for local, state, or national office unless –

(A) The political discussion is a planned, scheduled activity;

(B) All candidates for a particular office are personally present or afforded the opportunity to be present; and

(C) All candidates are afforded the opportunity to present their views through a series of discussions, scheduled at intervals, but given equal time.

AUTHORITY: section 192.2000, RSMo 2016. This rule was previously filed as 13 CSR 15-6.135. Original rule filed Jan. 6, 1986, effective April 30, 1986. Amended: Filed Feb. 17, 1988, effective June 15, 1988. Amended: Filed June 3, 1991, effective Oct. 31, 1991. Amended: Filed Aug. 28, 2000, effective March 30, 2001. Moved to 19 CSR 15-7.010, effective Aug. 28, 2001. Amended: Filed Feb. 7, 2023, effective Aug. 30, 2023.*

**Original authority: 192.2000, RSMo 1984, amended 1988, 1992, 1993, 1994, 1995, 2001, 2014.*

19 CSR 15-7.021 In-Home Service Standards

PURPOSE: This rule sets forth standards to be met by any agency which contracts with the Missouri Department of Social Services,

Missouri Medicaid Audit and Compliance Unit for provision of in-home services authorized by the Missouri Department of Health and Senior Services, Division of Senior and Disability Services.

PUBLISHER'S NOTE: The secretary of state has determined that publication of the entire text of the material that is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) The Department of Health and Senior Services (also referred to as the department), Division of Senior and Disability Services' (also referred to as the division) payment to the provider is made on behalf of an eligible participant as an act of indirect or third-party reimbursement and is not made as a payment for the purchase of a service. Only those services authorized by the division shall be reimbursable to the provider.

(2) The in-home service provider shall deliver services in compliance with the standards set forth in this rule and 13 CSR 70-91.010, 13 CSR 65-2.020, and 13 CSR 70-3.030.

(3) Failure of the in-home service provider to comply with the terms of the contract and these standards may constitute a breach of contract.

(4) In accordance with the protective service mandate (Chapter 192, RSMo), the division may take immediate action to protect participants from providers who are found to be out of compliance with the requirements of this rule and of any other rule applicable to the in-home services program, when such noncompliance is determined by the division to create a risk of injury or harm to participants.

(A) Evidence of such risk may include –

1. Unreliable, inadequate, falsified, or fraudulent documentation of service delivery or training;

2. Failure to deliver services in a reliable and dependable manner;

3. Use of in-home service workers who do not meet the minimum employment requirements or training standards of this rule;

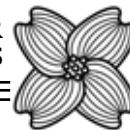
4. Failure to comply with the requirements for background screening of employees (sections 192.2490 and 192.2495, RSMo); or

5. Discontinuing services outside the provisions specified in section (16) of this rule without the knowledge and consent of the participant for a period of one (1) week or three (3) consecutive scheduled service delivery dates, whichever is shorter.

(B) Immediate action may include but is not limited to –

1. Removing the provider from any list of providers and, for participants who request the unsafe and noncomplaint provider, informing the participants of the determination of noncompliance after which any informed choice will be honored by the division; or

2. Informing current participants served by the provider of the provider's noncompliance and that the division has determined the provider unable to deliver safe care. Such participants will be allowed to choose a different provider from the list maintained by the division which will then be immediately authorized to provide service to them.



(5) The Missouri Medicaid Audit and Compliance Unit (MMAC) will not consider any proposal for an in-home services contract and subsequent enrollment as a Medicaid personal care provider under 13 CSR 70-91.010(3) unless the proposal is fully completed, properly attested to or affirmed by a person with the expressed authority to sign the proposal, and contains all required attachments.

(A) The proposal shall be made in the exact legal name of the applicant for a contract. The attachments to the proposal shall include but are not limited to the following information/copies:

1. Federal tax identification number;
2. Most recent corporate annual registration report filed with the Missouri secretary of state (if applicable);
3. Certificate of Good Standing issued by the Missouri secretary of state (if applicable);
4. Fictitious name registration filed with the Missouri secretary of state (if applicable);
5. Corporation by-laws, if the applicant is a corporation;
6. Operating agreement and management agreement, if applicable, if the provider is a limited liability company; and
7. Certificate of Insurance evidencing the coverage described in subsection (18)(E) of this rule, naming the division as a certificate holder.

(B) Upon receipt of a proposal, MMAC will conduct whatever investigation, at MMAC's discretion, is necessary to determine the applicant's eligibility for a contract. The decision determining eligibility for a contract may include but is not limited to the conduct of the provider and principals of the provider during any prior contractual periods.

(C) Prior to the issuance of an initial contract, a site visit will be conducted for in-home service providers entering the program.

(6) Respite care services are maintenance and supervisory services provided to a participant in the individual's residence to provide temporary relief to the caregiver(s) that normally provides the care.

(A) Respite care services shall include, at a minimum, the following activities:

1. Supervision—The respite care worker will provide personal oversight of the participant for the duration of the service period. Personal oversight includes making a reasonable effort to assure the safety of the participant and to assist the participant in meeting his/her own essential human needs. Sleeping is permitted when the participant is asleep, provided there is no indication that the condition of the participant would pose a risk if the participant awoke while the respite care worker was sleeping. The worker must be in close proximity to the participant during a sleeping period;

2. Companionship—The worker will provide companionship during the participant's waking hours and attempt to make the participant as comfortable as possible; and

3. Direct client assistance—The worker will provide direct participant assistance as needed to meet needs usually provided by the regular caregiver.

(B) Basic respite care services are provided to participants with nonskilled needs.

(C) Advanced respite care services are maintenance and supervisory services provided to a participant with nonskilled needs that require specialized training.

1. Participants appropriate for this service include persons with special needs, requiring a higher level of personal oversight as determined by the division.

(7) Homemaker services are general household activities provided by a trained homemaker when the participant is unable to manage the home and care for him/herself or others in the home or when the individual (other than the participant) who is regularly responsible for these activities is temporarily absent. Homemaker services shall include, at a minimum, the following activities:

(A) Plan and prepare meals, including special diet menus and perform cleanup after meals;

(B) Wash dishes, pots, pans, and utensils;

(C) Clean kitchen counters, cupboards, and appliances, including oven, surface burners and inside refrigerator;

(D) Clean bathroom fixtures;

(E) Make beds and change sheets;

(F) Sweep, vacuum, and scrub floors;

(G) Tidy and dust the home;

(H) Launder clothes and linens;

(I) Iron and mend clothes;

(J) Wash inside windows and clean blinds that are within reach without climbing;

(K) Bag trash inside the home and put it out for pick up;

(L) Shop for essential items (for example, groceries, cleaning supplies, etc.);

(M) Perform essential errands (for example, pick up medication, post mail, etc.);

(N) Read and write essential correspondence for participants who are blind, illiterate, or have physical disabilities; and

(O) Instruct the participant in ways to become self-sufficient in performing household tasks.

(8) Chore services are short-term, intermittent tasks necessary to maintain a clean, safe, sanitary, and habitable home environment and determined by the division to be critical in maintaining the participant's health and safety. Chore services shall be provided only when the participant or other household member is incapable of performing or financially providing for them, and when no other relative, caregiver, landlord, community or volunteer agency, or third-party payer is capable of or responsible for providing such tasks. Chore services include the following activities:

(A) Wash walls and woodwork;

(B) Clean closets, basements, and attics;

(C) Shampoo rugs;

(D) Air mattresses and bedding;

(E) Spray for insects within the home with over-the-counter supplies; and

(F) Provide rodent control within the home (for example, setting traps and putting out over-the-counter supplies).

(9) The range of homemaker, chore, and respite activities the in-home worker provides is mutually determined by the provider agency and the participant.

(10) Basic personal care services are maintenance services provided to a participant in the individual's residence to assist with the activities of daily living. Regulations for personal care are filed at 13 CSR 70-91.010.

(11) Advanced personal care services are maintenance services provided to a participant in the individual's home to assist with activities of daily living when this assistance requires devices and procedures related to altered body functions. Regulations for advanced personal care are filed at 13 CSR 70-91.010.

(12) Authorized nurse visits are skilled nursing services of a



maintenance or preventive nature provided to participants with stable chronic conditions. They are provided at the participant's residence and prior-authorized by the division. These services are not intended primarily as treatment for an acute health condition. Authorized nurse visit services may be provided by a licensed practical nurse (LPN) or a graduate nurse (GN) under the direction of a registered nurse (RN). Regulations for authorized nurse visits are filed at 13 CSR 70-91.010.

(13) The in-home service provider shall not perform and shall not be reimbursed for the following activities:

(A) Providing therapeutic/health-related activities that should be performed by a registered nurse, licensed practical nurse, graduate nurse, or home health aide under Titles XVIII or XIX home health programs;

(B) Providing transportation services;

(C) Administering over-the-counter or prescribed medications;

(D) Performing household services not essential to the participant's needs; and

(E) Providing friendly visiting.

(14) Prior to approval by MMAC for an in-home services contract and subsequent enrollment as a Medicaid personal care provider under 13 CSR 70-91.010(3), in addition to the contract, all providers must –

(A) Designate to MMAC the manager who will be responsible for the provider's day-to-day operation. This manager shall be a policymaker and direct the provider's recordkeeping, service delivery verification, hiring and firing practices, and staff training;

(B) Ensure that the designated manager successfully completes (or has completed) a MMAC provider certification course offered (quarterly or as needed) at no charge;

(C) Be responsible for maintaining documentation of attendance and requiring attendance by new managers within six (6) months of hire; and

(D) Ensure the designated managers annually attend MMAC-sponsored training designed to update managers.

(15) Participants shall be accepted for care on the basis of a reasonable expectation that the participant's maintenance care needs can be met adequately by the agency in the participant's place of residence. Services shall follow a state-approved care plan developed in collaboration with and signed by the participant.

(A) The care plan shall consist of an identification of the services and tasks to be provided, frequency of services, and the maximum number of units of service per month.

(B) A new in-home assessment and care plan may be completed by the division as needed to redetermine the need for in-home services or to adjust the monthly amount of authorized units. The service provider must always have an active care plan. Only the division, not the service provider, may increase the overall maximum number of units for which the individual is eligible per month.

(C) The participant will be informed of the option of services available to him/her in accordance with the assessment findings.

(16) To ensure safety and welfare of participants, the following policies and procedures shall be followed when discontinuing in-home services:

(A) Services for a participant shall be immediately discontinued by a provider upon receipt of information that

the participant's case is closed by the division;

(B) When the provider learns of circumstances that may require closing the case (for example, death, entry into a nursing home, participant no longer needs services, etc.), the provider shall immediately notify the division in writing and request that the participant's service be discontinued;

(C) When the participant, family member, or other person living in the household threatens or abuses provider personnel, the provider shall immediately notify the division in writing, including information regarding the threat(s) or abusive acts. The division and provider shall mutually determine appropriate intervention and the feasibility of continuing services. The division shall discontinue the participant's services, and may refer the participant to other programs that could meet the participant's needs, when the division has determined that it is no longer appropriate for any in-home services provider to continue to provide services to the participant due to threats to or abuse of provider or division personnel; or

(D) When a participant is noncompliant with the agreed-upon care plan or the provider is unable to continue to meet the needs of a participant still in need of assistance, the provider shall contact the division and participant (including the caregiver or family when appropriate). The provider shall give written notice of discharge to the participant or participant's family and the division at least twenty-one (21) days prior to the date of discharge. During this twenty-one- (21-) day period, the division shall make appropriate arrangements with the participant for transfer to another agency, or arrange for care in another care setting. The provider must continue to provide care in accordance with the care plan for these twenty-one (21) days or until alternate arrangements can be made by the division, whichever comes first.

(17) Unless otherwise specified below, a unit of in-home service is fifteen (15) minutes of direct service provided to the participant in the participant's home by a trained in-home service worker, including time spent on entry of electronic visit verification. No units are reimbursed except as authorized by the division.

(A) Time spent for travel, lunch, breaks, or administrative activities, such as completing other reports or paperwork, shall not be included.

(B) For monthly invoicing purposes, partial units of a particular service provided in the course of the month may be accumulated over the billing cycle; partial units shall not be accumulated or carried over to the next month's billing cycle.

(C) Advanced respite care is authorized in fifteen- (15-) minute units.

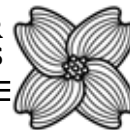
(D) The invoice submitted to the Missouri Department of Social Services, MO HealthNet Division, for in-home service shall not exceed actual delivered units of services.

(18) The in-home service provider shall meet, at a minimum, the following administrative requirements:

(A) Employ and train the staff necessary to provide the required services and make staff available to serve in all sections of the provider's designated service area;

(B) Monitor a current copy of the department's Employee Disqualification List to ensure that no current or prospective employee's name appears on the list and discharge any such employee once it is discovered by the provider that the employee is on the Employee Disqualification List;

(C) Have the capability to provide service outside of regular business hours, on weekends, and on holidays as authorized by the division;



(D) Protect the department and its employees, agents, or representatives from any and all liability, loss, damage, cost, and expense which may accrue or be sustained by the department, its officers, agents, or employees as a result of claims, demands, costs, suits, or judgments against it arising from the loss, injury, destruction, or damage, either to person or property, sustained in connection with the performance of the in-home service;

(E) Maintain a commercial general liability insurance policy in full force and effect that covers all places of business and any and all participants, customers, employees, and volunteers. Such policy shall be an occurrence policy and shall provide coverage for no less than one (1) million dollars per event and three (3) million dollars aggregate and shall include coverage for negligent acts and omissions of the provider's employees and volunteers in the provision of services to participants in such participants' homes. Such policy shall name the MMAC as a certificate holder. Providers shall also maintain a professional liability insurance policy in full force and effect that covers all places of business and any and all participants, customers, employees, and volunteers. Such policy shall provide coverage for no less than one (1) million dollars per event and three (3) million dollars aggregate and shall include coverage for negligent acts and omissions of the provider's employees and/or volunteers in the provision of professional services to participants in such participants' homes. Such policy shall name MMAC as a certificate holder. The policies shall be coordinated to ensure coverage for all negligent acts and omissions in the provision of the in-home services described in this rule and in 13 CSR 70-91.010, by the provider's employees and volunteers. Additionally, providers shall maintain an employee dishonesty bond covering employees and volunteers who are connected with the delivery and performance of in-home services in the participant's home;

(F) Furnish adequate identification (ID) to employees of the provider. This ID shall be carried by the employee in a way that the participant can see the name of the agency with whom the aide is employed. A permanent ID including the provider's name and employee's name and title shall be considered adequate ID. At the time of employment, an ID shall be issued which will meet the ID requirement. The provider shall require the return of the ID from each employee upon termination of employment;

(G) Ensure that no in-home services worker is a member of the immediate family of the participant being served by that worker. An immediate family member is defined as a spouse; parent; sibling; child by blood, adoption, or marriage (step-child); grandparent; or grandchild;

(H) Notify MMAC of any changes of ownership, managing employees, office location, telephone number(s), email address, or administrative or corporate status;

(I) Have and enforce a written code of ethics which is distributed to all employees and participants. The code of ethics shall allow use of the bathroom facilities and, with the participant's consent, allow the worker to eat the lunch provided by the worker, in the participant's home. The code of ethics shall be reviewed with the participant, caregiver, or family when appropriate, and include, at a minimum, the following prohibitions:

1. Use of participant's car;
2. Consumption of participant's food or drink (except water);
3. Use of participant's telephone for personal calls;
4. Discussion of own or other's personal problems, religious or political beliefs with the participant;

5. Acceptance of gifts or tips;
6. Bringing other persons to the participant's home;
7. Consumption of alcoholic beverages, or use of medicine or drugs for any purpose, other than medical, in the participant's home or prior to service delivery;
8. Smoking in participant's home;
9. Solicitation or acceptance of money or goods for personal gain from the participant;
10. Breach of the participant's privacy and confidentiality of information and records;
11. Purchase of any item from the participant even at fair market value;
12. Assuming control of the financial or personal affairs, or both, of the participant or of his/her estate including power of attorney, conservatorship, or guardianship;
13. Taking anything from the participant's home; and
14. Committing any act of abuse, neglect, or exploitation;

(J) Ensure prompt initiation of authorized services to new participants. The provider shall deliver the in-home service within ten (10) calendar days of receipt of the service authorization from the division or on the beginning date specified by the authorization, whichever is later, and on a regular basis after that in accordance with the care plan. The date of receipt must be recorded on each service authorization by the provider. Verbal authorization shall be effective upon acceptance by the provider and services must begin as agreed. If service is not initiated within the required time period, detailed written justification must be sent to the division with a copy maintained in the participant's file;

(K) Recommend, verbally or in writing, changes to the authorized care plan any time the participant has an ongoing need for service activities which may require more or fewer units than the amount specified in the care plan;

(L) Keep documentation of undelivered services, including the reason for this failure to deliver authorized units;

(M) Be aware that in-home services provided shall not be reimbursed unless authorized by the division;

(N) Ensure that all subcontractors comply with all standards required by section (2) of this rule;

(O) Shall give a written statement of the participant's rights and review the statement with each participant and primary caregiver, when appropriate, at the time service is initiated. The statement of participant rights must contain at a minimum, the right to –

1. Be treated with respect and dignity;
2. Have all personal and medical information kept confidential;
3. Have direction over the services provided, to the degree possible, within the care plan authorized;
4. Know the provider's established grievance procedure and how to make a complaint about the service and receive cooperation to reach a resolution, without fear of retribution;
5. Receive service without regard to race, creed, color, age, sex, or national origin; and
6. Receive a copy of the provider's code of ethics under which services are provided;

(P) Have a system through which participants may present grievances concerning the operation of the in-home service program and/or delivery of care;

(Q) Report all instances of potential abuse, neglect, exploitation of a participant, or any combination of these, to the division's Adult Abuse, Neglect, and Exploitation Hotline (1-800-392-0210), including all instances which may involve an employee of the provider agency;

(R) Copayment, as determined by the division, shall be



collected monthly from non-Medicaid participants. Liability levels for copayment are based on a sliding fee schedule as determined by the division. The money collected as copayment replaces the amount withheld from reimbursement by the automated payment system. Prompt and reasonable attempts to collect from the participant or the participant's guardian or estate shall be made by the provider. Failure of participants to submit the required copayment, when determined to be a condition of participation, shall be reported to the division. Failure of participants to comply with copayment requirements may result in termination of services. Unsuccessful attempts to collect from the estate of a deceased participant are to be referred to the home and community services deputy director of the division;

(S) Implement a contribution system which accounts for contributions received from participants for in-home services. Non-Medicaid participants shall be informed of their right to voluntarily contribute when they are admitted for services. Services shall not be denied to any participant based on failure to make a contribution. Only the division may authorize expenditure of contributed funds, which shall be used for the sole purpose of providing in-home services. Reports of contributions by county shall be made to each home and community services regional manager including the balance on hand, contributions received, contributions used for division-authorized services, and ending balance. The provider shall submit to the regional manager a contributor report at the end of any month in which contributions are received and/or expended. Upon termination or lapse of a provider's contract, the remaining balance of all contribution funds held by the provider shall be reported to the division and will be withheld from the provider's final reimbursement;

(T) Understand that both program and fiscal monitoring of the in-home service program shall be conducted by MMAC or its designee.

1. Monitoring visits may be announced or unannounced.

2. MMAC shall disclose the findings of the visit to the provider.

3. Upon request by the division, the provider shall submit a written plan for correcting areas found to be out of compliance;

(U) Designate trainer(s) to perform the sessions required as part of the basic training. The designated trainer(s) may be the RN, LPN, supervisor, or an experienced aide who has been employed by a provider agency at least six (6) months. A list of designated trainers must be available for monitoring;

(V) Providers must establish, enforce, and implement a policy whereby all contents of the personnel files of its employees are made available to department employees or representatives when requested as part of an official investigation of abuse, neglect, financial exploitation, misappropriation of participant's funds or property, or falsification of documentation which verifies service delivery;

(W) Have established policies to promote the safety of its employees. The provider shall make available to its employees information about and access to public information sources to determine whether a participant, family member, or other person living in the household may pose a potential danger to its employees. Public information includes but is not limited to the Missouri State Highway Patrol's Sex Offender Registry and the Missouri State Courts Automated Case Management System. If an employee has a reasonable belief that a participant, family member, or other person living in the household poses a potential danger to the employee, the provider shall document all necessary steps taken to protect the employee, which may

include but is not limited to –

1. Obtaining a signed agreement from the participant, family member, or other person living in the household not to engage in inappropriate activity involving the provider's employees;

2. Seeking approval from the division to send two (2) provider employees for service delivery;

3. Requiring that a third party approved by the provider, the division, and the participant or participant's designee be present on-site while the employee is on the premises;

(X) The provider shall not harass, dismiss, or retaliate against an employee because the employee declines to provide services to a participant based on the employee's reasonable belief that such participant, family member, or other person living in the household poses a danger to the employee; and

(Y) The provider shall notify employees and implement established safety procedures upon receipt of information from the division or any other reliable source that a participant, family member, or other person living in the household may pose a potential danger to provider employees.

(19) In-home service providers shall meet, at a minimum, the following personnel requirements:

(A) The in-home provider shall employ an RN or designate an RN as a consultant who meets each of the following qualifications:

1. Currently licensed in Missouri;

2. Have at least one (1) year of experience with direct care of the elderly or individuals with disabilities or medically complex conditions; and

3. Meet the RN supervisory requirements for personal care and advanced personal care in accordance with 13 CSR 70-91.010;

(B) An administrative supervisor shall be designated by the provider to supervise the day-to-day delivery of in-home service and shall be at least twenty-one (21) years of age and meet at least one (1) of the following requirements:

1. Be a registered nurse who is currently licensed in Missouri; or

2. Possess a baccalaureate degree; or

3. Be a licensed practical nurse who is currently licensed in Missouri with at least one (1) year of experience with direct care to the elderly or individuals with disabilities or medically complex conditions; or

4. Have at least two (2) years of experience with direct care to the elderly or individuals with disabilities or medically complex conditions;

(C) All in-home service workers employed by the provider shall meet the following requirements:

1. Be at least eighteen (18) years of age;

2. Be able to read, write, and follow directions; and

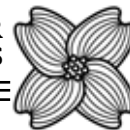
3. Shall not be an immediate family member of the participant. Immediate family member is defined as spouse; parent; sibling; child by blood, adoption, or marriage (stepchild); grandparent; or grandchild;

(D) All advanced personal care aides and advanced respite care workers employed by the provider shall be –

1. A licensed practical nurse; or

2. Certified nurse assistant; or

3. A competency-evaluated home health aide having completed both written and demonstration portions of the test required by the Missouri Department of Health and Senior Services and 42 CFR 484.80, which is incorporated by reference in this rule, as published on October 1, 2021, by the Office the Federal Register, National Archives and



Records Administration, Washington, DC 20408, and available at <https://bookstore.gpo.gov>. This rule does not incorporate any subsequent amendments or additions; or

4. Documented to have successfully completed personal care aide training;

(E) All individuals employed to deliver authorized nurse visits shall be currently licensed to practice as a registered nurse, licensed practical nurse, or a graduate nurse in Missouri; and

(F) The provider shall ensure that all employees are registered with the Family Care Safety Registry (FCSR) pursuant to the requirements of sections 210.900 to 210.936 and section 192.2495.7, RSMo.

(20) The RN required by (19)(A) of this rule will be primarily responsible for ensuring that policies and procedures of the in-home service provider meet the clinical standards for proper care of participants, training of staff, and general clinical integrity of the in-home service provider. Such responsibilities shall include, at a minimum, the following functions:

(A) Monitor or provide oversight to staff that supervise in-home workers in the direct provision of services to assure that services are being delivered in accordance with the care plan;

(B) Direct or oversee staff responsible for in-home worker orientation and in-service training required herein; assure all training requirements are met; and ensure that in-home workers are trained to competently perform all basic and advanced service tasks as specified in this rule;

(C) Provide oversight to the process and documents used by the staff who conduct annual supervisory visits and have in place a system that ensures that completed evaluations are reviewed by the nurse when appropriate;

(D) Assure that appropriate recommendations or reports are forwarded to the division including requests to increase, reduce, or discontinue services; changes in the participant's condition; noncompliance with care plan; nondelivery of authorized services; or the need for increased division involvement;

(E) Establish, implement, and enforce a policy governing communicable diseases that prohibits provider staff contact with participants when the employee has a communicable condition including colds or flu;

(F) Assure compliance with reporting requirements governing communicable diseases, including hepatitis and tuberculosis, as set by the Missouri Department of Health and Senior Services (19 CSR 20-20.020); and

(G) Monitor or provide oversight of nurse tasks or functions delegated to and performed by the LPN or GN.

(21) The administrative supervisor's responsibilities shall include, at a minimum, the following functions:

(A) Monitoring the provision of services by the in-home services worker to assure that services are being delivered in accordance with the care plan. This shall be primarily in the form of an at least monthly review, and comparison of the worker's record of provided services with the care plan. Documentation, including the reason, must be kept on authorized services/units not delivered;

(B) Evaluating, in writing, each in-home service aide's performance at least annually. The evaluation shall be based in part on at least one (1) on-site visit. This annual site visit can be completed during a general health evaluation (GHE) or a reassessment. The evaluation will include, in addition to the aide's performance, the adequacy of the care plan, including review of the care plan with the participant. The written report of the evaluation shall contain documentation of the visit, including the participant's name and address, the date

and time of the visit, the aide's name, and the supervisor's observations and notes from the visit. The evaluation shall be signed and dated by the supervisor who prepared it and by the aide. If the required evaluation is not performed or not documented, the aide's qualifications to provide the services may be presumed inadequate and all payments made for services by that aide may be recouped;

(C) Communicating with the division and provider RN regarding changes in any participant's condition, changes in scope or frequency of service delivery, and recommending changes in the number of units of service per month including documentation of that communication; and

(D) Assure that all individuals who may not be considered employees but work for the provider in any capacity involving direct care of participants have a signed agreement detailing the employment arrangement, including all rights and responsibilities. Such agreement would apply to all individuals hired through contract or other employment arrangement.

(22) The in-home service provider shall have a written plan for providing training for new aides, respite care workers, and homemakers which shall include, at a minimum, the following requirements:

(A) Twelve (12) hours of orientation training for in-home service workers, including at least two (2) hours orientation to the provider agency and the agency's protocols for handling emergencies, within thirty (30) days of employment.

1. A minimum of six (6) hours of training will be provided prior to the first day of participant contact.

2. New employee orientation curricula shall include an overview of Alzheimer's disease and related dementias and methods of communicating with persons with dementia pursuant to the requirements of section 192.2000.7, RSMo.

3. Four (4) hours of required orientation training may be waived for aides and homemakers with adequate documentation in the employee's records that they have received similar training during the previous twelve (12) months.

4. All hours of orientation training (with the exception of the statutorily required dementia training and two (2) hours provider agency orientation) may be waived with adequate documentation, placed in the aide's personnel record, that the aide is a licensed practical nurse, registered nurse, or certified nurse assistant. The documentation shall include the employee's license or certification number which must be current and in good standing at the time the training was waived;

(B) Five (5) hours of in-service training annually are required after the first twelve (12) months of employment. The provider may waive the required annual five (5) hours of in-service training and require only two (2) hours of refresher training annually, when the personal care aide has been employed for three (3) years and has completed fifteen (15) hours of in-service training. In-service training curricula shall include updates on Alzheimer's disease and related dementia; and

(C) Prior to the delivery of service, the personal care aide shall receive a copy of the care plan for the participant and be provided with information about the participant in order to appropriately deliver services to meet the needs of the participant.

(23) The in-home service provider shall have written documentation of all basic and in-service training provided which includes, at a minimum –

(A) A report of each employee's training in that employee's



personnel record. The report shall document the dates of all classroom or on-the-job training, trainer's name, topics, number of hours and location, the date of the first participant contact, and shall include the aide's signature;

(B) If a provider waives the in-service training, the employee's training record shall contain documentation sufficient to support the waiver. In-service training shall not be waived, unless the employee's record contains documentation that the employee has received Alzheimer's disease and related dementias training.

(C) The provider agency shall maintain an established training curriculum that contains –

1. A list of all trainings used to fulfill training requirements; and
2. A copy of all agendas outlining the content of the different trainings.

(24) The in-home service provider shall maintain, at a minimum, the following records in a central location for five (5) years. Records must be provided to the department staff or designees upon request, and must be maintained in a manner that will ensure they are readily available for monitoring or inspection. Records include –

(A) Individual participant case or clinical records including records of service provision. These are confidential and shall be protected from damage, theft, and unauthorized inspection and shall include, at a minimum, the following:

1. The care plan for the authorization for services from the division which documents authorization for all units of service provided;
2. Verification of services delivered through electronic visit verification (EVV) pursuant to 13 CSR 70-3.320;
3. Documentation explaining discrepancies between authorized and delivered services including a description of corrective action taken, when applicable;
4. All clinical notes concerning the participant;
5. Documentation of all correspondence and contacts with the participant's physician or other care providers; and
6. Any other pertinent documentation regarding the participant.

(B) Individual personnel record for each employee which is a confidential record and shall be protected from damage, theft, and unauthorized inspection and shall include, at a minimum, the following:

1. Employment application containing the employee's signature and documentation sufficient to verify that the employee meets age, education, and work experience requirements. The record shall document employment and termination dates;
2. Documentation concerning all training and certification received;
3. Documentation supporting any waiver of employment or training requirements;
4. Annual performance evaluation which includes observations from one (1) on-site visit;
5. A signed statement documenting that the employee received and reviewed a copy of the participant's rights, the code of ethics, and the service provider's policy regarding confidentiality of participant information, and that all were explained prior to service delivery;
6. A signed statement verifying that the supervisor received and reviewed a copy of the in-home service standards;
7. Statement identifying the employee's position, including whether the employee performs administrative duties for the provider or delivers services to clients;

8. A signed statement verifying the employee is not a participant if the employee will be delivering direct care to participants;

9. Returned permanent ID for a terminated employee or documentation of why it is not available; and

10. Verification of the current Missouri certified nurse assistant, licensed practical nurse, graduate nurse, or registered nurse license including, at least, the license or certificate number; and

(C) Documentation of each Employee Disqualification List (EDL) and criminal background screening sufficient to show the identity of the person who was screened, the dates the screening was requested and completed, and the outcome of the screening. Providers that use the Family Care Safety Registry (FCSR) to conduct EDL and criminal background screenings shall maintain documentation of each FCSR screening sufficient to show the identity of the person who was screened, the dates the screening was requested and completed, and the outcome of the screening.

AUTHORITY: section 192.2000, RSMo 2016. This rule previously filed as 13 CSR 15-7.021. Original rule filed Sept. 1, 1994, effective April 30, 1995. Amended: Filed Dec. 15, 1997, effective July 30, 1998. Moved to 19 CSR 15-7.021, effective Aug. 28, 2001. Amended: Filed Sept. 14, 2001, effective April 30, 2002. Amended: Filed June 1, 2006, effective Dec. 30, 2006. ** Amended: Filed Feb. 7, 2023, effective Aug. 30, 2023.*

**Original authority: 192.2000, RSMo 1984, amended 1988, 1992, 1993, 1994, 1995, 2001, 2014.*

***Pursuant to Executive Order 21-07, 19 CSR 15-7.021, subsections (16)(B) and (16)(D) was suspended from April 30, 2020 through May 1, 2021, and subsection (24)(B) was suspended from April 3, 2020 through August 31, 2021. Pursuant to Executive Order 21-09, 19 CSR 15-7.021, section (1), paragraphs (4)(A)3. and (6)(C)2., section (12), subsections (13)(B), (14)(D), (18)(B), (18)(H), paragraphs (19)(A)2. and (19)(B)4., subparagraphs (19)(C)2.A.-C., paragraph (19)(D)4., subsection (21)(C), and section (22) was suspended from April 30, 2020 through December 31, 2021.*

19 CSR 15-7.040 Transportation Service Standards
(Moved to 19 CSR 15-4.410)

19 CSR 15-7.050 Information and Assistance Service Standards
(Moved to 19 CSR 15-4.295)

19 CSR 15-7.060 Nutrition Service Standards
(Moved to 19 CSR 15-4.245)