



Rules of
Department of Mental Health
Division 40—Licensing Rules
Chapter 5—Group Homes and Residential Centers
Serving Individuals with Intellectual and
Developmental Disabilities

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Title 9—DEPARTMENT OF MENTAL HEALTH

**Division 40—Licensing Rules
Chapter 5—Group Homes and Residential Centers Serving Individuals with Intellectual and Developmental Disabilities**

9 CSR 40-5.010 Physical Plant
(Rescinded January 15, 1984)

9 CSR 40-5.015 Physical Plant
(Rescinded January 30, 2022)

AUTHORITY: sections 630.050 and 630.705, RSMo (1994). Original rule filed Oct. 13, 1983, effective Jan. 15, 1984. Amended: Filed March 14, 1984, effective Aug. 15, 1984. Amended: Filed July 15, 1985, effective Feb. 1, 1986. Amended: Filed Jan. 2, 1990, effective June 11, 1990. Amended: Filed April 1, 1993, effective Dec. 9, 1993. Amended: Filed July 17, 1995, effective March 30, 1996. Rescinded: Filed June 30, 2021, effective Jan. 30, 2022.

9 CSR 40-5.030 General Medical and Health Care
(Rescinded January 15, 1984)

9 CSR 40-5.035 General Medical and Health Care
(Rescinded January 30, 2022)

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9 CSR 40-5.050 Food Services
(Rescinded January 15, 1984)

9 CSR 40-5.055 Food Services
(Rescinded January 30, 2022)

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9 CSR 40-5.070 Adequate Staff
(Rescinded January 15, 1984)

9 CSR 40-5.075 Adequate Staff

PURPOSE: This rule prescribes the staffing requirements for group homes and residential centers subject to licensure from the department.

(1) Licensed group homes and residential centers shall comply with 9 CSR 40-1, unless specified otherwise in this rule.

(2) Staffing requirements shall be as follows, unless program needs or the needs of individuals served justify otherwise:

(A) Programs providing a group living arrangement and minimum level of habilitation and supervision for individuals with mild to moderate levels of adaptive functioning, are ambulatory or mobile non-ambulatory, have basic self-help skills but may need minimal assistance or prompting with daily skills, and have no severe medical or maladaptive behaviors—

1. Day and evening shifts—one (1) staff to eight (8) individuals served (1:8); and
2. Night shift—one (1) staff to sixteen (16) individuals served (1:16);

(B) Programs providing a group living and habilitation environment for individuals with moderate to severe levels of adaptive functioning, are ambulatory or mobile non-ambulatory, need training in basic self-help skills, socialization, and daily living skills, and have no severe medical needs or severe maladaptive behaviors—

1. Day and evening shifts—one (1) staff to four (4) individuals served (1:4); and
2. Night shift—one (1) staff to eight (8) individuals served (1:8);

(C) Programs providing a habilitation environment for individuals with various levels of adaptive functioning, are non-ambulatory and unable to provide for their own needs, or ambulatory/non-ambulatory with intensive medical/physical needs or severe maladaptive behaviors—

1. Day and evening shifts—one (1) staff to three (3) individuals served (1:3); and
2. Night shift—one (1) staff to six (6) individuals served (1:6);

(D) For purposes of this section of this rule, shifts are defined as follows:

1. Day shift—approximately 7:00 a.m. to 3:00 p.m.;
2. Evening shift—approximately 3:00 p.m. to 11:00 p.m.; and
3. Night shift—approximately 11:00 p.m. to 7:00 a.m.;

(E) The ratios are minimum staff requirements. An increase in the number of individuals being served above the maximum specified in this section of this rule shall require additional staff;

(F) Staff required under this section of this rule shall be dressed and awake at night, as required by the needs of individuals served and the size of the physical facility;

(G) When individuals served are absent from the program, staffing levels may be proportionately reduced. If all individuals are absent from the program, staff shall be available by telephone twenty-four (24) hours per day, seven (7) days per week to respond to emergencies that may occur with individuals served;

(H) Program needs or the needs of individuals served may justify alternate staffing ratios based on the following considerations:

1. The physical layout of the facility;
2. If individuals served are awake and active at night;
3. If there are individuals who are blind and/or deaf;
4. Qualifications of the staff;
5. Goals and objectives of individuals served;
6. Obvious indications that staff are unable to meet the needs of individuals being served or are unable to meet minimum environmental requirements; and
7. The availability of backup staff; and

(I) An individual may be at the program without the presence of staff for a specific period of time, if it is documented in the individual support plan (ISP) that the individual has the necessary knowledge and skills to function safely.

(3) All staff responsible for direct care of individuals served shall be eighteen (18) years of age or older.

(4) In addition to direct care staff, there shall be sufficient personnel to provide basic services including, but not limited to, dietary and maintenance of the environment/facility. Volunteers shall not be considered in the computation of adequate staff.

(5) A program which accepts individuals in need of considerable nursing care shall employ a licensed registered nurse (RN).



Considerable nursing care may include, but is not limited to, injections, inhalation therapy, intravenous fluids, suctioning, ostomy irrigation, lesion dressing, aseptic dressing, catheter irrigation, care for pressure sores, and physiotherapy.

(A) The RN shall be designated the nurse in charge and shall—

1. Be responsible for twenty-four- (24-) hour nursing care of individuals, including the storage and administration of medications and maintenance of medical records and nursing records;

2. Share responsibilities with the program director and attending physician for drug control procedures, environmental health, safety, and dietary procedures;

3. Be on call when licensed practical nurses (LPNs) are on duty; and

4. Ensure an LPN is on duty when the licensed RN is not present at the program. Unless the needs of individuals require nursing oversight, an LPN is not required if staff on the night shift are trained in emergency medical procedures and medication administration.

(B) The required RN may be hired on a consultant basis if—

1. The needs of the individuals do not require his/her presence at the program; and

2. He or she assumes the responsibilities outlined under paragraphs (5)(A)1. and 2. of this rule.

(6) Staff shall participate in training as required by the department. Records of attendance and documentation of successful completion of training shall be maintained as specified in 9 CSR 40-1.060(4)(E).

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**Original authority: 630.050, RSMo 1980, amended 1993, 1995, 2008, and 630.705, RSMo 1980, amended 1982, 1984, 1985, 1990, 2000, 2011, 2014.*