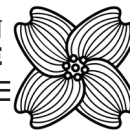




RULES OF  
**Department of Health and Senior  
Services**

**Division 30—Division of Regulation and Licensure  
Chapter 105—Supplemental Health Care Services  
Agency**

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

**Division 30 – Division of Regulation and Licensure  
Chapter 105 – Supplemental Health Care Services Agency**

**19 CSR 30-105.010 Definitions**

*PURPOSE: This rule defines terms as set forth in this chapter and sections 198.640 through 198.648, RSMo.*

(1) Addresses shall mean, for legal entities and individuals, the physical address from which the disclosing entity operates its Missouri business and mailing address if different from the physical address.

(2) Articles shall mean a legal entity's articles of incorporation, articles of association, articles of organization, or articles of partnership.

(3) Average amount charged shall mean the average hourly rates or set pricing charged to a health care facility by an agency for each applicable individual health care personnel.

(4) Average amount paid shall mean the average hourly rates or set pricing paid by the agency to each applicable individual health care personnel.

(5) Controlling person shall mean a business entity, officer, program administrator, or director whose responsibilities include the direction of the management or policies of a supplemental health care services agency. The term controlling person shall also mean an individual who, directly or indirectly, beneficially owns an interest in a corporation, partnership, or other business association that is a controlling person.

(6) Department shall mean the Missouri Department of Health and Senior Services.

(7) Digital website shall mean an online webpage or technology platform operated by an agency that maintains data of health care personnel or independent contractors submitted to the agency online, for referral or provisioning engagement of the healthcare personnel to a health care facility.

(8) Digital smart phone application shall mean a computer program or software application operated by an agency that maintains data of health care personnel or independent contractors or provisioning engagement of the healthcare personnel to a health care facility.

(9) Employment opportunities shall mean either part time or full-time employment with any health care facility.

(10) Health care facility shall mean a licensed hospital as defined under section 197.020, RSMo, or a licensed assisted living facility, intermediate care facility, residential care facility, or skilled nursing facility as defined under section 198.006, RSMo.

(11) Health care personnel or personnel shall mean any individual licensed, accredited, or certified by the state of Missouri to perform specified health services consistent with state law.

(12) Immediately available shall mean made available to the

department or its agent within two (2) business days following written requests made by means of email, fax, or in-person delivery, or within (1) hour of requests made during inspection visits.

(13) Independent contractor shall mean a self-employed worker licensed, accredited, or certified by the state of Missouri to perform specified health services consistent with state law, who is contracted, referred, or provisioned for engagement by a supplemental health care services agency to fulfill specified health services in a health care facility.

(14) Operator shall mean any person who establishes, conducts, or maintains an agency, or any person licensed or required to be licensed to establish, maintain, or conduct an agency.

(15) Owner shall mean any person with an ownership interest of five percent (5%) or more in the agency.

(16) Ownership interest shall mean a percentage of ownership of each person of any general partnership, limited partnership, general business corporation, nonprofit corporation, limited liability company, or governmental entity which owns or operates the agency.

(17) Person shall mean an individual, firm, corporation, partnership, association, or other legal entity.

(18) Referral shall mean the act of sending or directing health care personnel to a health care facility to work at the request of or for the benefit of the facility.

(19) Specified health service shall mean services provided by any individual health care personnel or independent contractor in a health care facility.

(20) Supplemental health care services agency or agency shall mean a person, firm, corporation, partnership, or association engaged for hire in the business of providing or procuring temporary employment in health care facilities for health care personnel, including a temporary nursing staffing agency as defined in section 383.130, RSMo, or that operates a digital website or digital smartphone application that facilitates the provision of the engagement of health care personnel and accepts requests for health care personnel through its digital website or digital smartphone application. The term shall not include an individual who engages only on his or her own behalf, or to provide the individual's services on a temporary basis to health care facilities or a home health agency licensed under section 197.415, RSMo, and shall not include a person, firm, corporation, partnership, or association engaged in the provision of contracted specialty services by a practitioner as defined under subdivision (4) of section 376.1575, RSMo, to a hospital as defined under section 197.020, RSMo, or to other individuals or entities providing health care that are not health care facilities.

(21) Temporary employment shall mean health care personnel placed by a supplemental health care services agency in a health care facility for an initial term of less than twenty-four (24) months to support or supplement the facilities' workforce for any purpose.

*AUTHORITY: section 198.648, RSMo Supp. 2022.\* Original rule filed Feb. 8, 2023, effective Sept. 30, 2023.*



\*Original authority: 198.648, RSMo 2022.

19 CSR 30-105.020 Registration Fees

PURPOSE: This rule establishes registration fees authorized by section 198.642, RSMo.

(1) The following fees are required by the Supplemental Health Care Services Agency program:

- (A) Initial annual registration fee \$830
(B) Renewal annual registration fee \$700

(2) Fees must be payable to the Department of Health and Senior Services in the form of a cashier's check, personal or certified check, company check, money order, or through the online payment system by credit card or e-check.

(3) All fees are nonrefundable and are not prorable.

(4) Notwithstanding any other provision in this rule to the contrary, if an agency fails to provide sufficient registration fee(s), the department shall reject the application and return the fee(s). An agency may then resubmit an application with the correct registration fee(s).

AUTHORITY: section 198.648, RSMo Supp. 2022.\* Original rule filed Feb. 8, 2023, effective Sept. 30, 2023.

\*Original authority: 198.648, RSMo 2022.

19 CSR 30-105.030 Procedures and Requirements for Registration of a Supplemental Health Care Services Agency

PURPOSE: This rule specifies the minimum requirements for registration and renewal of a supplemental health care services agency in Missouri.

(1) No person shall establish, conduct, or maintain a supplemental health care services agency in this state without a valid registration issued by the department.

(2) Each supplemental health care services agency providing, procuring, or engaging health care personnel or independent contractors for temporary employment in Missouri health care facilities must submit a registration application and fee. The Application for Registration to Operate a Supplemental Health Care Service Agency ("Application"), included herein, shall be completed and submitted to the department via mail or electronically online with the fee required by 19 CSR 30-105.020.

(3) Each separate business location from which the agency operates in Missouri shall have a separate application.

(4) The application shall include – (A) Agency information, including –

- 1. The agency's legal or registered fictitious name, addresses, telephone number, fax number, email address, and

responsible contact person;

2. Indication of whether the application is the result of a new registered agency or renewal of an existing agency's registration; and

3. The agency's days and hours of operation; (B) Owner information, including –

1. Owner name(s), federal employer identification number(s) or social security number(s), state tax identification number, mailing address, and contact information. The owner shall be registered to do business with Missouri Secretary of State;

2. Type of owner's legal entity;

3. All controlling persons in the ownership of the agency, including each individual or entity name, title or position, personal or primary address, telephone number, federal employer identification number or Social Security number, and percentage of ownership;

4. If the owner is a legal entity, include copies of the articles and current bylaws, together with the names and addresses of officers, managers, members, or directors;

(C) Operator information, including –

1. Operator name, mailing address, and contact information. The operator shall be registered to do business with Missouri Secretary of State;

2. Type of operator's legal entity;

3. All controlling persons in the operation of the agency, including each individual or entity name, title or position, personal or primary address, telephone number, federal employer identification number or Social Security number, and percentage of ownership;

4. List any other supplemental health care services agencies in which the operator owns or operates and provide the agency's name, address, type of registration, and registration number;

(D) Financial information, including –

1. Proof of financial responsibility through one (1) of the following methods documenting at least four weeks of back wages per employee:

A. Establishing and maintaining an escrow account consisting of cash or assets eligible for deposit; or

B. Obtaining and maintaining an unexpired irrevocable letter of credit established. Such letters of credit shall be nontransferable and nonassignable and shall be issued by any bank or savings association organized and existing under the laws of this state or the United States;

2. Name and address of the bank, savings bank, or savings association in which the agency will deposit the agency's employee's income tax withholdings. If the agency is not responsible for employee income tax withholding, the agency shall provide the name and address of each personnel for whom income taxes will not be withheld; and

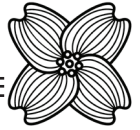
3. Additional proof of stable or satisfactory financial condition, as specifically requested by the department. This additional documentation shall be submitted within ten (10) business days of receipt of the written request;

(E) Other information, including –

1. Proof that the agency or health care personnel, including independent contractors, has medical malpractice insurance (professional liability insurance is acceptable), as required by section 198.644.1(4), RSMo;

2. Proof of current worker's compensation coverage as required by Missouri law and Chapter 287, RSMo or, if the personnel are independent contractors, proof of occupational accident insurance; and

(F) Affidavit, including the following attestations –



1. That the individual or operating entity has adequate financial resources to properly operate the agency referred to in the application;

2. That the agency is familiar with the requirements of a supplemental health care services agency as set out in Chapter 198, RSMo, and the regulations of the Department of Health and Senior Services promulgated thereunder;

3. That the agency does not restrict in any manner the employment opportunities of health care personnel and independent contractors;

4. That the agency refrains in any contract with any health care personnel, including independent contractors, or health care facility from requiring the payment of liquidated damages, employment fees, or other compensation should the health care personnel be hired as a permanent employee of a health care facility;

5. That all health care personnel, including independent contractors, meet all licensing or certification requirements and all training and continuing education standards for the position in which the personnel would be working; and

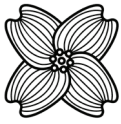
6. That each health care personnel and independent contractor complies with requirements related to background checks in sections 192.2490 and 192.2495, RSMo.

(5) An agency's registration is valid for one (1) year and shall expire on the annual anniversary of the date the registration was originally issued. If renewed, an agency's registration is valid for one (1) year and shall expire on the annual anniversary of the date the registration was last renewed.

(6) An agency's renewal application must be received at least sixty (60) days prior to the expiration of the current registration.

(7) An agency's registration is valid only for the entity and/or person identified on the registration issued at the address shown thereon and is not subject to sale, assignment, or other transfer.

(8) An agency must send a copy of its current registration to any member of the general public upon request.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
DIVISION OF REGULATION AND LICENSURE  
SUPPLEMENTAL HEALTH CARE SERVICES AGENCY

**APPLICATION FOR REGISTRATION TO OPERATE A SUPPLEMENTAL HEALTH CARE SERVICES AGENCY**  
(One application per registered agency location)

DO NOT WRITE IN THIS SPACE		
AGENCY REGISTRATION NUMBER		
<input type="checkbox"/> RENEWAL		<input type="checkbox"/> NEW AGENCY
EXPIRATION DATE		
DATE FEE REC'D	CHECK NO/ JET PAY NO	AMOUNT
		\$

Applications must be received **at least 60 days prior** to the expiration of the current registration. **Applications will not be considered for review until payment has been received.**

**Agency Information**

**1. AGENCY INFORMATION** – The name of the Agency must be indicated exactly as you want it to appear on the registration. Include the mailing address of the Agency, if different from the street address.

Name of Agency/Doing business as (D.B.A)

Agency Physical Address

City	County	State	Zip
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Agency Telephone Number      Fax Number

Mailing Address or  Same as above

City	County	State	Zip
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Agency E-mail Address

Agency Website (optional)

Responsible Person	Responsible Person Email and Phone Number (if different from Agency)
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Indicate if this application is a result of a new registered agency or renewal:

**New Agency (\$830 fee)**       **Renewal (\$700 fee)**

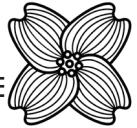
Each application for registration must be accompanied by a registration fee outlined above. *Attach a cashier's check, personal or certified check, company check, or money order payable to the Department of Health and Senior Services. If fee is submitted online, attach fee receipt. This fee is nonrefundable and not proratable.*

Check box if submitting payment online  
 Check box if mailing payment; add check number here:

List the days and hours of regular operation. (NOTE: Inspections by the department will occur during the business hours submitted.) *Section not applicable to agencies that operate 24 hours a day and 7 days a week.*

Check box if agency operates 24 hours a day and 7 days a week

DAY OF THE WEEK	OPENING TIME (indicate A.M. or P.M.)	CLOSING TIME (indicate A.M. or P.M.)
<input type="checkbox"/> Sunday		
<input type="checkbox"/> Monday		
<input type="checkbox"/> Tuesday		
<input type="checkbox"/> Wednesday		
<input type="checkbox"/> Thursday		
<input type="checkbox"/> Friday		
<input type="checkbox"/> Saturday		



**2. OWNER INFORMATION** – Please complete the following for each of the agency’s owner(s). Attach multiple copies of this page if necessary.

**Owner Name(s)** *The name of the owner must be the exact legal name. If the owner is any entity other than a sole proprietor, the owner name must match the Missouri Secretary of State filing. The owner name should not be the name of any individual stockholder, partner, or member.*

Federal Employer Identification Number (EIN) \_\_\_\_\_ State Tax ID # \_\_\_\_\_

Mailing Address or  Same as Agency Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_ Contact E-mail Address \_\_\_\_\_

Description of Owner (check one):

Corporation  
 Limited Liability Company  
 Limited Partnership  
 Individual  
 Sole Proprietor  
 Other-explain \_\_\_\_\_

**A. Individual and/or Entity Ownership of Owner as listed in section 2 above** – Provide the information for each controlling person. Attach additional sheets if necessary.

FULL NAME of INDIVIDUAL or ENTITY	TITLE OR POSITION	PERSONAL/PRIMARY ADDRESS	TELEPHONE NUMBER	EIN (or SSN if sole proprietor)	% OWNERSHIP

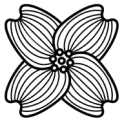
**B. Board Members and Officers of Owner** – If the owner is a legal entity, provide the information for each individual or entity that serves as an officer or is on the board of directors of the owner, if applicable. Do not include voluntary board members.

TITLE	FULL NAME	PERSONAL/PRIMARY ADDRESS	TELEPHONE NUMBER
Board Member/Officer			
Board Member/Officer			
Board Member/Officer			
Board Member/Officer			
Board Member/Officer			
Board Member/Officer			

**C. Articles** – If the owner is a legal entity, attach copies of the owner’s articles and current bylaws to this application.

Attached

**3. OPERATOR INFORMATION** – Please complete the following for the entity(s) operating the agency.



Check mark this box if the operating entity(s) is the same as the owner. If checked, skip ahead to #1 below.

**Operator Name(s)** *The name of the operator must be the exact legal name. If the operator is any entity other than a sole proprietor, the operator name must match the Missouri Secretary of State filing. The operator name should not be the name of any individual stockholder, partner, or member.*

Mailing Address or  Same as above

City	State	Zip
Contact Name		
Contact Telephone Number	Contact E-mail Address	

Description of Operator (check one):

Corporation  
 Limited Liability Company  
 Limited Partnership  
 Individual  
 Sole Proprietor  
 Other-explain

**A. Individual and/or Entity Ownership of Operator as listed in section 3 above** – Provide the information for each controlling person. Attach additional sheets if necessary.

FULL NAME of INDIVIDUAL or ENTITY	TITLE OR POSITION	PERSONAL/PRIMARY ADDRESS	TELEPHONE NUMBER	EIN (or SSN if sole proprietor)	% OWNERSHIP

**B. Board Members and Officers of Operator** – Provide the information for each individual or entity (corporation, partnership, association) that serves as an officer or is on the board of directors.

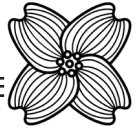
TITLE	FULL NAME	PERSONAL/PRIMARY ADDRESS	TELEPHONE NUMBER
Board Member/Officer			
Board Member/Officer			
Board Member/Officer			
Board Member/Officer			
Board Member/Officer			
Board Member/Officer			

1. Does the operator currently operate or own any other Supplemental Health Care Services Agencies?

Yes  No

If the operator currently operates or owns any other supplemental health care services agencies, then list below or attach a list of such agency or agencies, including their names, address(es), type of registrations and registration number.

Attached  Previously submitted; no amendment or change



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### Financial Information

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Each registrant must submit financial information demonstrating that the operator has the financial capacity to operate an agency.

Each agency must provide proof of financial responsibility through one of the following methods documenting at least four weeks of back wages per employee:

Enter number of all temporary health care personnel or independent contractor employees:

- Establishing and maintaining an escrow account consisting of cash or assets eligible for deposit;
- Obtaining and maintaining an unexpired irrevocable letter of credit established. Such letters of credit shall be nontransferable and nonassignable and shall be issued by any bank or savings association organized and existing under the laws of this state or the United States.

**AND**

Provide the name and address of the bank, savings bank, or savings association in which the agency will deposit the agency's employee's income tax withholdings. If the agency is not responsible for employee income tax withholding, the agency shall provide the name and address of each personnel for whom income taxes will not be withheld.

Attached  Previously submitted; no amendment or change

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### Other Information

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1. Provide proof that the agency or that the health care personnel has medical malpractice insurance (professional liability insurance is acceptable);

Attached

2. Provide proof of current worker's compensation coverage as required by Missouri Statutes, Chapter 287 RSMo, or if any personnel are independent contractors, provide proof of occupational accident insurance.

Attached

Acceptable forms of worker's compensation coverage include: a certificate of insurance supplied by an authorized Worker's Compensation insurance carrier pursuant to Chapter 287, RSMo. The certificate shall include the name of the registrant, the name of the corporation legally responsible for the registrant, or the name the registrant is doing business as. The certificate must be effective prior to the issuance of an initial registration or have an effective date on or after the effective date of a renewal registration. OR provide approval from the MO Department of Labor to be self-insured.

**You cannot be issued a registration and may not operate as a supplemental health care services agency unless acceptable evidence of compliance with workers' compensation coverage provisions is provided.**





**Affidavit**

I attest that I as an individual, or that the operating entity for which I sign, have/has adequate financial resources to properly operate the Agency referred to in this application.

I further attest I am familiar with the requirements of a supplemental health care services agency as set out in Chapter 198 of the Missouri Revised Statutes and the regulations of the Department of Health and Senior Services promulgated thereunder.

I further attest to refrain in any contract with any health care personnel or health care facility from requiring the payment of liquidated damages, employment fees, or other compensation should the health care personnel be hired as a permanent employee of a health care facility;

I further attest that the agency does not restrict in any manner the employment opportunities of its health care personnel;

I further attest that each health care personnel meets all licensing or certification requirements and all training and continuing education standards for the position in which the personnel would be working;

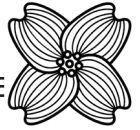
I further attest that each health care personnel complies with requirements related to background checks in sections 192.2490 and 192.2495.

I further attest that all documents and information required by the Department of Health and Senior Services to be provided pursuant to this application are true and correct to the best of my knowledge and belief, that the statements contained in this application and any attached information are true and correct to the best of my knowledge and belief, and that all required documents are either included with the application or are currently on file with the Department of Health and Senior Services. I understand that if it is determined by the Department of Health and Senior Services that the statements contained herein are not true and correct, the application may be denied and any registration issued based on the application may be revoked.

I further attest that I have the express authority to sign this application on behalf of the owner and operator.

My signature attests to the truth and accuracy of the foregoing attestations.

Authorized Signature of Agency	Telephone Number
Printed or Typed Name and title of Signatory	Telephone Number



*AUTHORITY: section 198.648, RSMo Supp. 2022.\* Original rule filed Feb. 8, 2023, effective Sept. 30, 2023.*

*\*Original authority: 198.648, RSMo 2022.*

**19 CSR 30-105.040 Requirements for Changes to a Registered Agency**

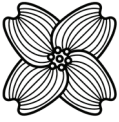
*PURPOSE: This rule outlines requirements for changes to an issued registration of a supplemental health care services agency in Missouri.*

(1) A registered agency shall notify the department of any change in ownership or operator within thirty (30) days of the change. This includes the addition or removal of any owners, operators, or controlling persons. The registration shall be void and the new owner and/or operator shall apply for a new registration and pay the required fee. The date issued on the new registration shall be the effective date when the change of ownership or operator occurred.

(A) A registered agency which is a partnership, limited partnership, limited liability company, or corporation that undergoes any of the following changes, or a new corporation, partnership, limited partnership, limited liability company, or other entity assumes operation of an agency whether by one (1) or by more than one (1) action shall apply for a new registration:

1. With respect to a partnership, a change in the majority interest of general partners;
2. With respect to a limited partnership, a change in the general partner or in the majority interest of limited partners;
3. With respect to a limited liability company, a change in any manager or in the majority interest of members or parent company; and
4. With respect to a corporation, a change in the persons who own, hold, or have the power to vote the majority of any class of securities issued by the corporation.

(2) An agency shall notify the department of any change in agency name, address, phone number, fax number, email address, and/or responsible contact person information by completing and submitting a *Changes to a Registered Agency* form, included herein, to the department. Any change of owner or operator will require a new initial application and payment of the required fee.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF REGULATION AND LICENSURE
SUPPLEMENTAL HEALTH CARE SERVICES AGENCY

CHANGES TO A REGISTERED AGENCY FORM

Only fill out sections related to the necessary agency changes.

Form with fields for Agency Registration Number, Current Registered Agency Name, New Registered Agency Name, Current Registered Business Physical Address, New Business Physical Address, Current Registered Business Mailing Address, New Business Mailing Address, New Agency Telephone Number, New Agency Fax Number, New or Additional Agency Email Address, New Responsible Contact Person, Reason for Changes Listed Above, Responsible Contact Person Name, Signature, and Date.

MO 580-3425 (08/23)



*AUTHORITY: section 198.648, RSMo Supp. 2022.\* Original rule filed Feb. 8, 2023, effective Sept. 30, 2023.*

*\*Original authority: 198.648, RSMo 2022.*

### 19 CSR 30-105.050 Inspections

*PURPOSE: This rule outlines inspections, complaints, and requirements of a supplemental health care services agency.*

(1) The department may conduct unannounced in-person or virtual registration or complaint inspection visits to an agency's office or records repository.

(2) An agency shall be available during the agency's regular operating hours and shall maintain and make immediately available the following business records for inspection by the department –

(A) Copies of articles and bylaws, if applicable;

(B) An individual file or account information for each health care personnel, including independent contractors, including –

1. Personnel's name and address, Social Security number, and date of birth;

2. Documentation of each personnel's or independent contractor's employment history, health, and medical records.

A. Personnel and independent contractors must have received the necessary testing and immunizations required or requested by each health care facility.

B. Drug screening of personnel and including independent contractors must be performed before referral by the agency to a health care facility, if the health care facility requires drug screening of facility employees;

3. Evidence of the personnel's or independent contractor's skills, qualifications, education, and training to demonstrate compliance with the provisions of section 198.644.1, RSMo;

4. Current copies of licenses, transcripts, certificates, or statements evidencing competency for the position held;

5. Two (2) or more references and documentation of two (2) or more reference checks of each personnel or independent contractor, completed before referral by the agency;

6. Documentation of submission for background screening and background screening results pursuant to sections 192.2490 and 192.2495, RSMo; and

7. Copy of any good cause waiver, granted by the department, if applicable;

(C) Documentation of any complaints known to the agency involving any of its health care personnel or independent contractors, and any follow-up action taken with respect to such complaints;

(D) Records documenting the work performed by each health care personnel or including independent contractor, including date of personnel referral by the agency or request by an independent contractor and the dates and locations of each personnel and independent contractor placement. Copies of time records or invoices identifying the services provided are acceptable documentation for this requirement;

(E) Copies of any written employment contracts or other agreements entered into between the agency and each health care personnel or independent contractor. Such contract or agreement shall specifically and clearly advise if the personnel is an employee of the agency or is an independent contractor referred by the agency. If the personnel is retained as an independent contractor, the contract or agreement

shall specifically state that the independent contractor is responsible for paying federal income taxes. Prior to placement in a health care facility, the agency shall provide a document to each health care personnel or independent contractor, for his or her signature or digital acceptance, which states that the personnel understands his or her relationship with the agency, either as an employee or independent contractor. The signed or accepted document shall be filed in each personnel's file or account;

(F) Copies of records required by the United States Internal Revenue Services to be prepared by the agency for each personnel or independent contractor;

(G) Documentation to verify each personnel's or independent contractor's employment eligibility in compliance with the immigration laws of the United States;

(H) Copies of contracts, if any, between an agency and a health care facility setting forth terms and conditions under which the agency will provide specific health services staff to the facility. Such contracts shall state whether the staff provided by the agency are referred as employees of the agency or as independent contractors;

(I) Most recently released annual or quarterly financial reports;

(J) Evidence of medical malpractice insurance (professional liability insurance is acceptable); and

(K) Evidence of current worker's compensation coverage as required by Chapter 287, RSMo, or if the personnel provided are independent contractors, maintain evidence of occupational accident insurance.

(3) Agencies shall retain personnel records for at least ten (10) years following termination of employment or independent contractor relationship from the agency.

(4) The agency shall make all records requested by the department immediately available.

(5) Personnel and independent contractors of an agency who report potential violations by an agency to the department may not be subjected to retaliation of any kind, including termination, demotion, or other adverse employment action as a result of their report.

(6) If statutory or regulatory violations are identified by the department during an inspection or investigation, the department shall provide a report of findings and violation(s) to the agency.

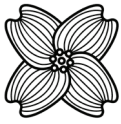
(A) The agency shall then submit to the department a plan of correction for the identified violations within thirty (30) days of the receipt of the report of findings and violation(s), unless an alternative time frame is required or approved by the department in writing.

(B) Upon the department's acceptance of the agency's plan of correction, the department may conduct an unannounced follow-up inspection or off-site review to verify correction of deficiencies at any time.

(C) If the violations are not corrected within the required time frame, the department may suspend or revoke the agency's registration.

*AUTHORITY: section 198.648, RSMo Supp. 2022.\* Original rule filed Feb. 8, 2023, effective Sept. 30, 2023.*

*\*Original authority: 198.648, RSMo 2022.*



**19 CSR 30-105.060 Denial, Suspension, or Revocation of Registration**

*PURPOSE: This rule specifies the process of denial or revocation of a registration of a supplemental health care services agency in Missouri.*

(1) Any agency whose registration has been denied, suspended, or revoked by the department may seek a review of the department's actions by the Administrative Hearing Commission.

(2) If an agency is notified of a registration denial or revocation due to noncompliance with sections 198.640 to 198.648, RSMo, the owner and operator shall not be eligible to apply for or receive a registration for five (5) years following the date of denial or revocation.

(3) For contracts entered into on or after August 28, 2022, if the contract between an agency and health care personnel or a health care facility requires the payment of liquidated damages, employment fees, or other compensation should the health care personnel be hired as a permanent employee of a health care facility, the agency's registration shall be subject to revocation or nonrenewal of its registration.

(4) If an agency fails to provide any of the items required in section four (4) of 19 CSR 30-105.030 within ten (10) business days of the department's written request, the department shall immediately suspend or refuse to issue the agency's registration.

(5) If the department revokes, fails to renew, or immediately suspends an agency's registration, the agency shall –

(A) Immediately stop referring personnel to health care facilities; and

(B) Notify health care facilities where personnel are currently referred or contracted that the agency no longer has a valid operating registration.

*AUTHORITY: section 198.648, RSMo Supp. 2022.\* Original rule filed Feb. 8, 2023, effective Sept. 30, 2023.*

*\*Original authority: 198.648, RSMo 2022.*

**19 CSR 30-105.070 Quarterly Rate and Charge Reporting Requirements**

*PURPOSE: This rule specifies the quarterly rate and charge reporting requirements of a supplemental health care services agency in Missouri.*

(1) Any registered supplemental health care services agency that contracts with a health care facility that participates in Medicare or Medicaid shall submit the following report every quarter to the department:

(A) A detailed list of each health care facility participating in Medicare or Medicaid with whom the agency has contracted over the prior quarter;

(B) A detailed list of the average amount charged by the agency to the health care facility over the prior quarter, broken down by health care facility and each individual health care personnel within each job classification (including but not limited to nursing, therapy, dietary/nutrition, lab, and radiology); and

(C) A detailed list of the average amount paid by the agency to health care personnel over the prior quarter, broken down by health care facility and each individual health care personnel within each job classification, including but not limited to nursing, therapy, dietary/nutrition, lab, and radiology.

(2) The required submission dates shall be as follows:

(A) The quarterly report containing data from January 1 through March 31 shall be submitted no later than April 30;

(B) The quarterly report containing data from April 1 through June 30 shall be submitted no later than July 31;

(C) The quarterly report containing data from July 1 through September 30 shall be submitted no later than October 31; and

(D) The quarterly report containing data from October 1 through December 31 shall be submitted no later than January 31.

(3) Health care personnel to be reported shall include all positions that are licensed, accredited, or certified by the state of Missouri to perform specified health services consistent with state law.

(4) Failure of the agency to provide any of this information to the department shall result in revocation or nonrenewal of its registration.

*AUTHORITY: section 198.648, RSMo Supp. 2022.\* Original rule filed Feb. 8, 2023, effective Sept. 30, 2023.*

*\*Original authority: 198.648, RSMo 2022.*