Rules of
Department of Health and Senior Services
Division 30—Division of Regulation and Licensure
Chapter 26—Home Health Agencies

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 26—Home Health Agencies

19 CSR 30-26.010 Home Health Licensure Rule

PURPOSE: This rule defines the minimum requirements for the provision of home health services by state licensed home health programs.

PUBLISHER'S NOTE: The publication of the full text of the material that the adopting agency has incorporated by reference in this rule would be unduly cumbersome or expensive. Therefore, the full text of that material will be made available to any interested person at both the Office of the Secretary of State and the office of the adopting agency, pursuant to section 536.031.4, RSMo. Such material will be provided at the cost established by state law.

(1) State Licensure Requirements.

(A) This rule incorporates by reference 42 CFR 484, *Medicare Conditions of Participation*: *Home Health Agencies*, for Missouri licensed home health agencies. Missouri licensed home health agencies shall strictly meet the currently applicable *Medicare Conditions of Participation* and surveys performed for state licensure will be conducted per Medicare standards.

(B) Licensed home health agencies shall provide dementia-specific training about Alzheimer's disease and related dementias to their employees and those persons working as independent contractors who provide direct care to or may have daily contact with residents, patients, clients, or consumers with Alzheimer's disease or related dementias.

1. The training required for persons providing direct care shall address the following areas, at a minimum:

A. An overview of Alzheimer's disease and related dementias;

B. Communicating with persons with dementia;

C. Behavior management;

D. Promoting independence in activities of daily living; and

E. Understanding and dealing with family issues.

2. Employees or independent contractors who do not provide direct care for, but may have daily contact with, persons with Alzheimer's disease or related dementias shall receive dementia-specific training that includes, at a minimum:

A. An overview of Alzheimer's disease and related dementias; and

B. Communicating with persons with dementia.

3. Dementia-specific training about Alzheimer's disease and related dementias shall be incorporated into orientation for new employees with direct patient contact and independent contractors with direct patient contact. The training shall be presented by an instructor who is qualified by education, experience, and knowledge in the current standards of practice regarding individuals with Alzheimer's disease and other related dementias. The training shall be provided annually and updated as needed.

(2) State Licensure Management.

(A) All licensed home health agencies shall be licensed and shall conduct all their business in their legal name or in their doing business as (d/b/a) name as properly registered with the secretary of state.

(B) Initial Application Procedure for Home Health Agencies.

1. The applicant shall provide the Department of Health and Senior Services (department) with a completed application for home health license, included herein, copy of registration with secretary of state, a completed State Disclosure of Ownership and Control Interest Statement form, included herein, and sufficient evidence that the home health agency has established appropriate policies and procedures for providing home health services according to sections 197.400 to 197.478, RSMo. The licensure fee must accompany the application and is nonrefundable.

2. The applicant shall establish a business location (not in a private residence) with established business hours.

3. A Medicare-certified home health agency of a bordering state, sharing a reciprocal agreement with Missouri, wishing to serve Missouri residents, must complete the application process for initial licensure and establish a business location as described in 19 CSR 30-26.010(2)(B)2. A valid Missouri license must be maintained at all times in order for the home health agency to serve Missouri residents. The area served in Missouri must be contiguous to the area served by the agency in the bordering state.

(C) Annual Renewal Process.

1. A license shall be renewed annually upon approval of the department when the following conditions have been met:

A. The application for renewal is accompanied by a six hundred dollar ($600) nonrefundable license fee;

B. The home health agency is in compliance with the requirements established under the provisions of sections 197.400 to 197.478, RSMo, as evidenced by a survey inspection by the department. No license shall be renewed unless the department has been able to verify compliance through clinical record review and home visits. In lieu of department survey, such survey as provided in section 197.415.4, RSMo;

C. The application is accompanied by a statement of any changes in the information previously filed with the department under section 197.410, RSMo, and the effective date for that change from the information previously filed; and

D. Proof of registration with secretary of state's office in Missouri.

2. The agency shall submit the Application for Home Health Agency License, included herein, and licensure fee prior to the license expiration date. If the license fee is not paid by the expiration date, the department may begin the revocation process.

(D) Change of Ownership. A license shall not be transferable or assignable.

1. When a home health agency is sold or ownership or management is transferred, or the corporate legal organization status is substantially changed, the license of the agency shall be voided and new license obtained.

2. The owner shall apply for a new license at least ninety (90) calendar days prior to the effective date of sale, transfer, or change in corporate status.

3. The department may issue a temporary operating permit for the continuation of the operation of the home health agency for a period of not more than ninety (90) days pending the survey inspection and the final disposition of the application.

(E) Inspection Process.

1. The home health agency management shall allow representatives of the department to survey the home health agency to determine eligibility for licensing and/or renewal of license. On-site surveys may be unannounced.

2. After completion of each department survey, a written report of the findings with respect to compliance or noncompliance with the provisions of sections 197.400 to 197.478, RSMo, and the standards established thereunder, as well as a list of deficiencies found shall be prepared.

A. A copy of the deficiency list shall be sent to the home health agency within fifteen (15) business days following the survey inspection.

B. The agency management or designee shall have ten (10) calendar days following receipt of the written survey report to provide the department with a written plan

for correcting the cited deficiencies.

C. Upon receipt of the required plan of correction for achieving license compliance, the department shall review the plan to determine the appropriateness of the corrective action and respond to the agency. If the plan is not acceptable, the department shall notify the management or designee and indicate the reasons why the plan was not acceptable. A revised plan of correction shall be provided to the department.

D. If an agency does not acknowledge the deficiencies, the agency must, within ten (10) calendar days, request in writing a resurvey by the department. If, after the resurvey, the home health agency still does not agree with the findings of the department, it may seek a review of the findings of the department by the Administrative Hearing Commission. A copy of the letter requesting the review must be sent to the department.

E. Upon expiration of the completion date for correction of deficiencies specified in the approved plan of correction, the department shall determine if the required corrective measures have been acceptably accomplished. The department shall document that the corrective action has been satisfactorily completed. If the department finds the home health agency still fails to comply with sections of 197.400 to 197.478, RSMo, the department may rewrite the deficiencies and request another plan of correction or may take action to suspend or revoke the license.

(F) Refusal to Issue/Suspension/Revocation of License. The department shall refuse to issue or shall suspend or shall revoke the license of any home health agency for failure to comply with any provision of sections 197.400 to 197.478, RSMo, or with any rule or standard of the department adopted under the provisions of sections 197.400 to 197.478, RSMo, or for obtaining the license by means of fraud, misrepresentation, or concealment of material facts.

1. Any home health agency which has been refused a license or which has had its license revoked or suspended by the department may seek a review of the department's action by the Administrative Hearing Commission. A copy of the letter requesting the review must be sent to the department.

2. The department will not consider application for home health licensure for a period of twelve (12) months after revocation or denial of the agency's license.

(G) Voluntary Termination.

1. To voluntarily terminate a home health agency license, the agency must submit to the department, in writing, on agency letterhead the following information:

A. A request for termination of their state license (include license number);

B. State the effective date of termination;

C. State disposition of active caseload; and

D. Location of medical record storage.

2. The agency must enclose the original voided license with the voluntary termination letter.

(H) Complaint Procedure. The department may accept complaints by phone or in writing.

1. Any person wishing to make a complaint against a home health agency licensed under the provisions of sections 197.400 to 197.478, RSMo, may file the complaint in writing with the department setting forth the details and facts supporting the complaints.

2. The department may also accept complaints regarding a licensed home health agency by phone and may document that the complaint was received.

3. The nature of the complaint will determine if an investigation is appropriate or if referral of the complaint to another agency is needed.

4. An on-site visit may be made by a department representative and deficiencies may be written.

5. The process for documentation of complaints will be determined by the department.

6. The agency must comply with paragraph (2)(E)3. in response to deficiencies written as a result of a complaint investigation.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF HOME CARE AND REHABILITATIVE STANDARDS

APPLICATION FOR HOME HEALTH AGENCY LICENSE

In accordance with the requirements of the Missouri Home Health Agency Licensing Law (Chapter 197, RSMo Cumulative Supp. 1983) Regulations and Codes, application is hereby made for a license to conduct and maintain a Home Health Agency (See Missouri Home Health Agency Licensing Law "Definitions", Section 197.400.)

THIS INFORMATION, WITHOUT FURTHER VERIFICATION, WILL BE PROVIDED TO BOTH MEDICARE AND MEDICAID OFFICES AND TO UPDATE THE STATE HOME HEALTH DIRECTORY.

NAME OF AGENCY	TELEPHONE NO.
ADDRESS (STREET, CITY, STATE, ZIP)	COUNTY

HOME HEALTH AGENCY ADMINISTRATOR	SUPERVISORY NURSE	ADMINISTRATOR's EMAIL ADDRESS

OWNERSHIP AND MANAGEMENT (CHECK ONLY ONE)

GOVERNMENTAL
- ☐ COUNTY
- ☐ CITY-COUNTY
- ☐ CITY
- ☐ DISTRICT

NON-GOVERNMENTAL

NON-PROFIT
- ☐ CORPORATION
- ☐ OTHER (EXPLAIN) _____

PROPRIETARY
- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ CORPORATION _____

☐ FREESTANDING AGENCY ☐ HOSPITAL-BASED AGENCY ☐ SNF/ICF BASED AGENCY ☐ REHABILITATION FACILITY-BASED AGENCY

CHIEF OFFICER OF GOVERNING BODY

LEGAL NAME OF OPERATING CORPORATION

IF OPERATED BY MANAGEMENT CONSULTANT, NAME OF FIRM

GEOGRAPHIC AREA COVERED BY AGENCY OPERATION

LIST COUNTY(IES).

PROFESSIONAL SERVICES (Indicate ALL services offered by agency)

Place a "1" in the block for each service provided by AGENCY STAFF or by contract with an individual. If services are provided UNDER ARRANGEMENT with another agency, place a "2" in the block.

- ☐ NURSING CARE
- ☐ PHYSICAL THERAPY
- ☐ OCCUPATIONAL THERAPY
- ☐ SPEECH THERAPY
- ☐ MEDICAL SOCIAL SERVICES
- ☐ HOME HEALTH AIDE SERVICE
- ☐ OTHER (SPECIFY) _____

DIRECT PROFESSIONAL SERVICE (Indicate your agency's direct service) **(Choose only one)**

- ☐ NURSING CARE
- ☐ PHYSICAL THERAPY
- ☐ OCCUPATIONAL THERAPY
- ☐ SPEECH THERAPY
- ☐ MEDICAL SOCIAL SERVICES
- ☐ HOME HEALTH AIDE SERVICE
- ☐ OTHER (SPECIFY) _____

MEDICARE/MEDICAID PARTICIPATION

Is this agency Medicare certified? ☐ Yes ☐ No
If yes, list Medicare provider number_____
Is this agency Medicaid certified? ☐ Yes ☐ No
If yes, list Medicaid provider number_____

Number of Employees on the Agency Staff (Full-Time Equivalents). If service is provided by non-employees enter "BY MANAGEMENT."

A. REGISTERED PROFESSIONAL NURSES	C. QUALIFIED PHYSICAL THERAPISTS	E. QUALIFIED SPEECH PATHOLOGIST OR AUDIOLOGIST	
B. LPN/LICENSED VOCATIONAL NURSES	D. QUALIFIED OCCUPATIONAL THERAPISTS	F. HOME HEALTH AIDES	G. ALL OTHERS

MO 580-0437 (9-99) HHA-10

BRANCH LOCATIONS (Identify each approved branch location. All branches must operate under the parent name. Continue on bottom of page if addtional room is needed.)

Address:	*Address:*	*Address:*
_____	_____	_____
_____	_____	_____
_____	_____	_____
Telephone No. _____	Telephone No. _____	Telephone No. _____
Supervising Nurse: _____	Supervising Nurse: _____	Supervising Nurse: _____

SUBUNIT LOCATIONS (Identify each subunit location, license number and Medicare provider number.)

_____	_____	_____
_____	_____	_____
_____	_____	_____
Telephone No. _____	Telephone No. _____	Telephone No. _____
Administrator: _____	Administrator: _____	Administrator: _____
Lic. No.: _____ Provider No.: _____	Lic. No.: _____ Provider No.: _____	Lic. No.: _____ Provider No.: _____

CERTIFICATION

_____ and _____
PRESIDENT OF BOARD OF TRUSTEES, OWNER OR ONE PARTNER OF PARTNERSHIP — HOME HEALTH AGENCY ADMINISTRATOR

being duly sworn by me on their oath, deposes and says that they have read the foregoing application and that the statements contained therein are correct and true and of their knowledge; and further gives assurance of the ability and intention of the

_____ Home Health Agency to comply with the
EXACT LEGAL NAME

regulations promulgated under the Missouri Home Health Agency Licensing Law (Chapter 197, RsMo. Cumulative 1983).

It is further certified that the _____ will comply with all recommendations
NAME OF AGENCY

for correction and/or improvements as contained in the most recent Licensing Survey Report prepared by the Department of Health and Senior Services and submitted to said Home Health Agency.

SIGNATURES

PRESIDENT OF BOARD OF TRUSTEES, OWNER OR ONE PARTNER OF PARTNERSHIP

HOME HEALTH AGENCY ADMINISTRATOR

MO 580-0437 (9-99)

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF HOME CARE AND REHABILITATIVE STANDARDS

STATE DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT

I. Identifying Information

Name of Entity	D/B/A	Provider No.	Telephone No.

Street Address	City, State, County	Zip Code

II. Answer the following questions by checking "Yes" or "No". If any of the questions are answered "Yes", list names and addresses of individuals or corporations under Remarks. Identify each item number to be continued.

A. Are there any individuals or organizations having a direct or indirect ownership or control interest of 5 percent or more in the institution, organizations, or agency that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by Titles XVIII, XIX, or XX? ☐ Yes ☐ No

B. Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX? ☐ Yes ☐ No

III. (a) List names, addresses for individuals, or the EIN for organizations having direct or indirect ownership or a controlling interest in the entity. List any additional names and addresses under "Remarks". If more than one individual is reported and any of these persons are related to each other, this must be reported under Remarks.

Name	Address	EIN

(b) Type of Entity: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Unincorporated Associations ☐ Other (Specify)

(c) If the disclosing entity is a corporation, list names, addresses of the Directors, and EINs for corporations under Remarks.

(d) Are any owners of the disclosing entity also owners of other facilites? (Example, sole proprietor, partnership or members of Board of Directors.) If yes, list names, addresses of individuals and provider numbers. ☐ Yes ☐ No

Name	Address	Provider Number

IV. (a) Has there been a change in ownership or control within the last year? ☐ Yes ☐ No
If yes, give date _____

(b) Do you anticipate any change of ownership or control within the year? ☐ Yes ☐ No
If yes, give date _____

(c) Do you anticipate filing for bankruptcy within the year? ☐ Yes ☐ No
If yes, give date _____

V. Is this facility operated by a management company, or leased in whole or part by another organizations? ☐ Yes ☐ No
If yes, give date of change in operations _____

VI. Has there been a change in Administrator, Director of Nursing or Medical Director within the last year? ☐ Yes ☐ No

VII. (a) Is this facility chain affiliated? (if yes, list name, address of Corporation, and EIN) ☐ Yes ☐ No
Name EIN#

Address

WHOEVER KNOWINGLY AND WILLFULLY MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION OF THIS STATEMENT, MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS, IN ADDITION, KNOWINGLY AND WILLFULLY FAILING TO FULLY AND ACCURATELY DISCLOSE THE INFORMATION REQUESTED MAY RESULT IN DENIAL OF A REQUEST TO PARTICIPATE OR WHERE THE ENTITY ALREADY PARTICIPATES, A TERMINATION OF ITS AGREEMENT OR CONTRACT WITH THE STATE AGENCY, OR SECRETARY, AS APPROPRIATE.

Name of Authorized Representative (Typed)	Title

Signature	Date

Remarks

MO 580-2145 (09-01) HHA-30

AUTHORITY: section 197.445, RSMo 2000 and section 660.050, RSMo Supp. 2008. Original rule filed Aug. 17, 1998, effective Jan. 30, 1999. Amended: Filed Oct. 22, 2008, effective June 30, 2009. ***

**Original authority: 197.445, RSMo 1983, amended 1993, 1995, 1997 and 660.050, RSMo 1984, amended 1988, 1992, 1993, 1994, 1995, 2001.*

***Pursuant to Executive Order 21-07, 19 CSR 30-26.010, subsection (1)(A) and section 197.400(3), RSMo was suspended from April 9, 2020 through August 31, 2021 and subsection (1)(B) was suspended from April 22, 2020 through August 31, 2021.*