Rules of
Department of Mental Health
Division 10—Director, Department of Mental Health
Chapter 1—Organization and Description

<table>
<thead>
<tr>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 CSR 10-1.010 General Organization</td>
<td>3</td>
</tr>
<tr>
<td>9 CSR 10-1.030 Guidelines for Membership on Regional Developmental Disabilities Advisory Councils (Moved to 9 CSR 45-6.010)</td>
<td>4</td>
</tr>
</tbody>
</table>
Title 9—DEPARTMENT OF MENTAL HEALTH
Division 10—Director, Department of Mental Health
Chapter 1—Organization and Description

9 CSR 10-1.010 General Organization

PURPOSE: This rule describes the organization of the department and where the public may obtain information about the department as required by section 536.023, RSMo 1986.

(1) The Department of Mental Health was established by the Omnibus Reorganization Act of 1974. Under Chapter 630, RSMo the department shall administer, maintain and develop facilities and services for persons affected by mental disorders, developmental disabilities and alcohol or drug abuse. The department further seeks to reduce the incidence and prevalence of disabling conditions; to systematically plan on a regional and statewide basis for the provision of services; to certify or license, or both, certain residential facilities, day programs and specialized services; to conduct research and program evaluation to improve services; and to develop staff and analyze mental health manpower needs.

(2) As set out in section 630.015, RSMo, the State Mental Health Commission appoints the department director with the advice and consent of the senate. The director serves at the pleasure of the commission. As set out in section 630.025, RSMo, the commission sets the salary of the department director. The other statutory duties of the commission are mainly advisory as set out in section 630.015, RSMo. Membership and meeting requirements of the commission are set out in section 630.010, RSMo.

(3) The department director heads the department as its chief executive officer as set out in section 630.025, RSMo to perform the duties and exercise the powers as may be imposed or conferred upon him/her by law.

(4) The department service delivery system is divided into the following three (3) divisions as described in other rules of this title: the Division of Alcohol and Drug Abuse, the Division of Comprehensive Psychiatric Services and the Division of Mental Retardation and Developmental Disabilities.

(A) The Division of Alcohol and Drug Abuse plans and funds prevention, treatment and rehabilitation programs for persons who have alcohol or chemical dependencies. It provides community-based funding for prevention, outpatient, residential and detoxification services. The division also provides technical assistance to agencies and sets standards for treatment programs, qualified professionals and alcohol- and drug-related educational programs. The division also provides outpatient treatment services to compulsive gamblers and their families. The division’s phone number is (573) 751-4942.

(B) The Division of Comprehensive Psychiatric Services has three (3) primary roles in the delivery of public sector psychiatric services. As a direct provider of services, the division operates eleven (11) facilities that provide acute and long-term inpatient psychiatric care of adults and children, inpatient forensic services, and a specialized treatment center for civilly committed sex offenders. In its role as purchaser and regulator, the division contracts with private not-for-profit mental health agencies to provide a comprehensive range of community-based psychiatric services and supports for adults and children. For persons with mental illness who require housing assistance and supports, the division authorizes service delivery through contracts with privately operated residential providers across the state. Standards and outcomes for community-based and residential service delivery as well as financial performance requirements are codified in policies, regulation, rules, and contracts. These accountability requirements are monitored periodically by division and department staff conducting on-site reviews and analysis of financial and service delivery encounters and outcomes.

(C) The Division of Mental Retardation and Developmental Disabilities serves a population that has such developmental disabilities as mental retardation, cerebral palsy, head injury, autism, epilepsy and other related disabilities. Mental retardation must have occurred before age eighteen (18) while all other conditions must have been manifested before age twenty-two (22) with the expectation that they will be lifelong. To be eligible for services from the division, persons with these disabilities must have substantial functional limitations in two (2) or more of the following areas of major life activities: self-care, communication, learning, decision-making, capacity for independent living, and mobility. This division’s primary mission is to assist persons with developmental disabilities through programs and services to enable those persons to live independently and productively, given their individual needs and capabilities. The division achieves its mission through a statewide system of seventeen (17) state-operated facilities that provide or purchase specialized services. The eleven (11) regional centers form the framework for the system, backed by six (6) habilitation centers that provide residential care and habilitation services for people with the most severe disabilities. The regional centers, the primary points of entry into the system, provide assessment and case management services. The centers also provide oversight for and quality enhancement support for programs/services funded by the division.

(5) The department provides administrative and technical support for the entire department and its divisions through the following units:

(A) The Office of Administration, headed by the department’s deputy director for administration, provides a range of administrative and financial services to help the department achieve effective results. The office’s services can be divided into the following areas:

1. Fiscal management accounts for all funds, manages expenditures and produces fiscal summaries, analyses, and reports;

2. Capitol improvements/general services provides guidance on construction, maintenance and repair for twenty-seven (27) state-owned facilities, and coordinates leases;

3. Contracts management secures more than four thousand five hundred (4,500) private agencies or individuals to provide services in the community;

4. Reimbursements collects payments from private insurance, Medicaid and Medicare, and private pay for department services;

5. Budget services develops and monitors the annual operating and lease budgets and oversees spending plans;

6. Revenue management maximizes all available revenue streams to effectively manage financial resources; and

7. Dietetic services coordinates services to dietitians in the state facilities and provides department-wide consultation of food management and nutrition.

(B) The Office of Quality Management is currently responsible for a myriad of department-wide and statewide functions in support of the department director’s office, the three (3) direct client care divisions and the other support offices. Those functions serve to coordinate and implement quality improvement processes to enhance division services to clients through the following mechanisms:

1. Survey, licensure and certification of facilities and treatment programs, including technical assistance;

2. Technical assistance to and staff support of major federal and state initiatives;
3. Internal and external audit services, related to compliance, financial, and performance reviews;
4. Abuse and neglect investigations and associated technical assistance for local investigations;
5. Direction and coordination of continuous quality improvement (CQI) and outcomes evaluation processes, including annual customer satisfaction survey, web-based reporting of results and other departmental outcome/performance based data collection and reporting;
6. Appeals and hearings for administrative due process;
7. Coordination of the department’s regulatory and records management processes;
8. Statewide coordination of the department’s emergency management response; and
9. Medical/clinical quality assurance and health care policy consultation to the department’s management and facility operations.

(C) The Office of Human Resources is responsible for supplying administrative support for employment, labor relations, recruitment, compensation management and affirmative action. The office maintains and analyzes the staff information system to assist in management decisions. The Office of Human Resources’ phone number is (573) 751-4991.

(D) The Office of Information Systems is responsible for identifying and providing information technology and communication solutions for the department. In this role it advises, procures, develops, implements, operates and coordinates computer and communications systems for the department and for the department’s facilities. These systems include telephone and data services, clinical and financial information systems, and reporting and decision support functions.

(E) The Office of Public Affairs disseminates information to the public concerning mental health programs and services. The office also provides support services, technical assistance and training to the department’s divisions, offices and facilities. The Office of Public Affairs’ phone number is (573) 751-4423.

(F) The Office of Consumer Affairs provides consumer and family views in policy making, aids in access to services, and ensures that client rights are protected. The phone number of the Office of Consumer Affairs is (573) 751-8093, the number of the client rights monitor is (573) 751-8088, with both accessed through the department at 1-800-364-9687.

(6) In accordance with various authorizing statutes, the department shall promulgate rules by filing them with the secretary of state prescribing policies or standards which affect costs of service, quality assurance for providers and external business associates, contracts and funding for purchased services, and other relevant requirements associated with federal law. The department shall also adopt department-wide operating regulations concerning its internal management. Each facility shall adopt policies that are directly relevant only to its own operations. Rules are available at the department central office for public inspection and review, as well as online at the department’s website http://www.modmh.state.mo.us/homeinfo/depptregs.html.

(7) A records custodian, appointed by the department director, is responsible for the maintenance of the department’s records. Procedures for the release of information on any meeting, record or vote is available from the records custodian directly, located at the Department of Mental Health, 1706 East Elm Street, PO Box 687, Jefferson City, MO 65102. Requests may also be made online from the department’s website http://www.modmh.state.mo.us/homeinfo/records/. The records custodian shall also provide information on charges for record copying, timelines for producing records and assistance for persons with disabilities, for example, large print or Braille materials.


Op. Atty. Gen. No. 60, Robb (1-17-73). The Division of Mental Health is required to adopt rules for all institutions accepting the mentally retarded including facilities operated by the division itself. Homes and institutions which are licensed under the provisions of chapter 198, RSMo as nursing homes by the Division of Health and which come within the provisions of section 202.905, RSMo, must also be licensed by the Division of Mental Health and must conform to the rules promulgated by the respective divisions.

Op. Atty. Gen. No. 66, Nanson (6-18-58). The Division of Mental Diseases may charge pay patients in state hospitals the maximum amount fixed by the division for each institution or any amount below that maximum based upon the ability, or means of the patient, to pay. A husband is liable for the support of his wife unless she has abandoned him/her without good cause or has abandoned him/her with cause, and has contracted an adulterous relationship consequently; that a husband is liable for the support of his minor children; that in the absence of the husband or his inability to support minor children the same obligation devolves upon the wife. Persons who adopt a child and persons who stand in the position of in loco parents have the same duty to support as do natural parents.

9 CSR 10-1.030 Guidelines for Membership on Regional Developmental Disabilities Advisory Councils
(Moved to 9 CSR 45-6.010)