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# 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) Access services—A category of services which facilitates access to and utilization of other services. Access services may include transportation, outreach, case management, and information and assistance.
- (2) Assisted transportation—A service which provides assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.
- (3) 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.
- (4) Caterer—A restaurant, hospital, school or commercial organization which prepares meals under contract (usually a fixed price per meal contract).
- (5) 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 persons.
- (6) Congregate nutrition services—The provision of nutrition services to older persons in an approved center.
- (7) Contributions—Money or food stamps (for meals only) given voluntarily and confidentially toward the cost of a service received.
- (8) Division—The Division of Aging of the Missouri Department of Social Services.
- (9) Economic need, greatest—The need resulting from an income level at or below the poverty threshold established by the Office of Management and Budget.
- (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 persons 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 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 homebound or otherwise isolated recipients in their homes.
- (15) Information and assistance—Providing a prompt, accurate and pertinent response to an inquiry, which may include directing the person to the appropriate resource.
- (16) Low-income—Persons whose annual income is at or below the poverty threshold established by the Office of Management and Budget.
- (17) Meal pattern—A meal consisting of three (3) ounces of meat or meat alternate, two (2) or three (3) kinds of vegetables and fruits to total one (1) cup serving, one (1) serving of enriched or whole grain bread or alternate, one (1) teaspoon of butter or fortified margarine, one-half (1/2) cup dessert and one (1) cup of milk.
- (18) Minority—Individuals of the following racial/ethnic compositions: American Indian/Alaskan Native; Asian/Pacific Islander; Black, not of Hispanic origin; or Hispanic.
- (19) 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 persons.
- (20) Nutrition services—Provision of congregate or home-delivered meals, or both.
- (21) Older person—A person sixty (60) years of age or older.
- (22) Outreach—A service within the access category involving a first time individualized face-to-face contact initiated by the area agency or service provider to identify the unserved elderly population, inform them of available community resources and, if appropriate, assist them in gaining access to needed services.
- (23) Potentially hazardous food—Any perishable food which consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish or other ingredients in a form capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms. The term does not include foods which have a pH level of four and six-tenths (4.6) or below.
- (24) Principles of menu planning—Planning menus to provide variety in food selection, preparation, texture, shape and size of food and compatibility in food flavors and colors.
- (25) Public information—Provision of information to the public where seniors gain access to area agency services or the information meets a need of the elderly.
- (26) Senior center—A facility providing nutrition services and a variety of supportive services to older persons.
- (27) Service provider—Any agency which contracts with the Missouri Division of Aging or an Area Agency on Aging to provide services directly to older persons.
- (28) Service recipient—An eligible individual who receives one (1) or more services.
- (29) Social need, greatest—The need caused by noneconomic factors which include physical and mental disabilities, language barriers, and cultural, social or geographical isolation including that caused by racial or ethnic status which restricts an individual's ability to perform normal daily tasks or which threatens the capacity to live independently.
- (30) Supportive program—A set of services consisting, at a minimum, of the categories of access, in-home, legal and ombudsman.
- (31) Supportive service center—A facility providing only activities and supportive services, but no nutrition services.
- (32) Volunteer—A person, other than staff or Senior Community Service Employment Program (SCSEP) enrollees, who contributes personal service.



*AUTHORITY: section 660.050, RSMo Supp. 1999.\* 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.*

*\*Original authority: 660.050, RSMo 1984, amended 1988, 1992, 1993, 1994, 1995.*

### 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 persons or low income handicapped adults funded by the division or area agencies.*

(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 service recipients.

(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 service recipients, staff and volunteers in case of fire or other hazardous situations and evacuation drills shall be conducted periodically. Copies of the plan shall be on file at the center and at the area agency'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 periodic 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. At least every two (2) years the inspection shall be conducted by state or local fire authorities; on alternate years the area agency may conduct the inspection provided appropriate training has been received and the form required by the division is used. Documentation of the inspector's report, recommendations and correc-

tions of any deficiencies shall be maintained at the area agency and center offices.

(6) Service providers whose staff have direct physical contact with service recipients shall make emergency arrangements in consultation with relevant agencies, for dealing with service recipient 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 by each telephone which includes 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. The inspection shall be conducted by state or local health authorities at least every two (2) years; on alternate years the area agency may conduct the inspection provided appropriate training has been received and the form required by the division is used. Documentation of the inspector's report, recommendations and corrections of any deficiencies shall be kept at both the area agency 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 persons. Conditions or circumstances which place the older person or the household in likelihood of serious physical harm shall be immediately reported to the division's elderly abuse hotline (1-800-392-0210). Likelihood of serious physical harm means one (1) or more of the following:



(A) A substantial risk that physical harm to an adult will occur because of failure or inability to provide for essential human needs as evidenced by acts or behavior which have caused harm or which give another person probable cause to believe that the adult will sustain harm;

(B) A substantial risk that physical harm will be inflicted by an eligible adult upon him/herself, as evidenced by recent credible threats, acts or behavior which have caused harm or which places another person in reasonable fear that the eligible adult will sustain harm;

(C) A substantial risk that physical harm will be inflicted by an eligible adult upon another as evidenced by recent acts or behavior which has caused harm or which gives another person probable cause to believe the eligible adult will sustain harm; or

(D) A substantial risk that further physical harm will occur to an eligible adult who has suffered physical injury, neglect, sexual or emotional abuse or other maltreatment or wasting of his/her financial resources by another person.

(9) Service providers shall provide the following:

(A) Public information and education activities to ensure that older persons 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 service recipient 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 persons with the greatest economic or social need, especially low-income minority persons. 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 service recipients about the services they receive.

(13) Service providers shall assure that federal funds shall not be used to replace funds from nonfederal sources and that the service provider shall continue or initiate efforts to obtain support from private sources or other public organizations.

(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 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 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; 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 recipient shall be provided with an opportunity to voluntarily contribute to the cost of the service;

(B) The privacy of each recipient 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.

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 at least monthly; and

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 service recipient 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 Federal Equal Opportunity Act of 1972;

(B) Record keeping and confidentiality as cited in 13 CSR 15-4.300;

(C) Reporting systems to document and report all required program, fiscal and administrative information needed by the area agency. The system shall include format and timelines for submission and the following records:

1. Documentation of the total unduplicated low-income minority persons receiving services;

2. Records of paid staff time and volunteer time; and

3. Documentation of service recipient eligibility;

(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 service recipients;

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 service recipients 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, 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 service recipients; and

(H) Written policies and procedures to be followed when it is necessary to terminate or deny services to an individual service recipient 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, as per 45 CFR part 74;

(C) Each individual participant shall have a free choice of whether or not they wish to participate in prayer and no staff (paid or vol-

unteer 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 660.050, RSMo Supp 1999.\* 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.*

*\*Original authority: 660.050 RSMo 1984, amended 1988, 1992, 1993, 1994, 1995.*

### 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 Health and Senior Services, Division of Senior and Disability Services for provision of in-home services.*

(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 client 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 Personal Care Program, 13 CSR 70-3.020 Title XIX Provider Enrollment, and 13 CSR

70-3.030 Sanctions for False and Fraudulent Claims for Title XIX Services.

(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 660, RSMo), the division may take immediate action to protect clients 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 clients.

(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 660.315, RSMo and 660.317, RSMo); or

5. Discontinuing services outside the provisions specified in section (16) of this rule without the knowledge and consent of the client 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 clients who request the unsafe and noncomplaint provider, informing the clients of the determination of noncompliance after which any informed choice will be honored by the division; or

2. Informing current clients served by the provider of the provider's noncompliance and that the division has determined the provider unable to deliver safe care. Such clients 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 division 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)(F) of this rule, naming the division as a certificate holder.

(B) Upon receipt of a proposal, the division will conduct whatever investigation which, in the division'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 after July 1, 2001.

(6) Respite care services are maintenance and supervisory services provided to a client 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 client for the duration of the service period. Personal oversight includes making a reasonable effort to assure the safety of the client and to assist the client in meeting his/her own essential human needs. Sleeping is permitted when the client is asleep, provided there is no indication that the condition of the client would pose a risk if the client awoke while the respite care worker was sleeping. The worker must be in close proximity to the client during a sleeping period;

2. Companionship—The worker will provide companionship during the client's

waking hours and attempt to make the client as comfortable as possible; and

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

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

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

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

2. An initial on-site evaluation of the client's condition and identification of special training needs for the advanced respite care worker shall be made by the provider RN prior to initiation of service.

3. A monthly nurse visit will be authorized for each advanced respite care client for each month advanced respite care is authorized. During the visit the nurse will evaluate and document the client's condition and adequacy of the care plan.

4. Although monthly visits may be performed by a licensed nurse, for clients receiving ongoing advanced respite care services, it is required that the on-site visit be conducted by an RN at six (6) month intervals.

(D) Nurse respite care services are maintenance and supervisory services provided to a client with special skilled needs. Nurse respite care services are provided to relieve a caregiver who lives with the client.

1. Clients appropriate for this service include persons with special needs as determined by the division.

2. An initial on-site evaluation of the client's condition and identification of special training needs for the nurse respite care worker shall be made by the provider RN prior to initiation of service.

3. For clients receiving ongoing nurse respite care services, it is required that an on-site evaluation be conducted by an RN at six (6) month intervals. The RN evaluation shall document the client's condition and the adequacy of the care plan.

(7) Homemaker services are general household activities provided by a trained homemaker when the client is unable to manage the home and care for him/herself or others in the home or when the individual (other than the client) 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 blind, illiterate or physically impaired clients; and

(O) Instruct the client 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 client's health and safety. Chore services shall be provided only when the client 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 payor 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 client.

(10) Basic personal care services are maintenance services provided to a client 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 recipient 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 clients with stable chronic conditions. They are provided at the client's residence and prior-authorized by the division case manager. 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) 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 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 client's needs; and

(E) Providing friendly visiting.

(14) Prior to approval by the division 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, after August 1, 1998, all providers must—

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

(B) Ensure that the designated manager successfully completes (or has completed) a division provider certification course offered (quarterly or as needed) at no charge. Attendees shall be responsible for their own expenses, including but not limited to travel, meal and lodging costs they may incur in attending this course;

(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 division sponsored training designed to update certified managers.

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

(A) The care plan shall consist of an identification of the services and tasks to be provided, frequency of services, the maximum number of units of service per month, functional limitations of the client, nutritional requirements if a special diet is necessary, medications and treatments as appropriate, any safety measures necessary to protect against injury and any other appropriate items.

(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. In collaboration with the client, the provider agency may develop a new or revised set of service tasks, and weekly schedule for service delivery which shall be forwarded to the division. The service provider must always have, and provide services in accordance with, a current care plan. Only the division, not the service provider, may increase the maximum number of units for which the individual is eligible per month.

(C) The client 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 clients, the following policies and procedures shall be followed when discontinuing in-home services:

(A) Services for a client shall be immediately discontinued by a provider upon receipt of information that the client'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, client no longer needs services, etc.), the provider shall immediately notify the division case manager in writing and request that the client's service be discontinued;

(C) When the client, family member, or other person living in the household, threatens or abuses provider personnel, the provider shall immediately notify the division case manager by telephone and 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 client's services, and may refer the client to other programs that could meet the client'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 client due to threats to or abuse of provider or division personnel; or

(D) When a client is noncompliant with the agreed upon care plan or the provider is unable to continue to meet the needs of a client still in need of assistance, the provider shall contact the division case manager and client (including the caregiver or family when appropriate). The provider shall give written notice of discharge to the client or client's family and the division case manager at least twenty-one (21) days prior to the date of discharge. During this twenty-one (21)-day period, the division case manager shall make appropriate arrangements with the client 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 case manager, whichever comes first.

(17) Unless otherwise specified below, a unit of in-home service is fifteen (15) minutes of direct service provided to the client in the client's home by a trained in-home service worker, including time spent on completing documentation of service units provided and obtaining the client's signature. 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, six to eight (6-8)-hour units, and seventeen (17) to twenty-four (24)-hour units.

(D) Nurse respite care is authorized in fifteen (15)-minute units, with a minimum of sixteen (16) units per visit.

(E) The monthly invoice submitted to the 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) Successfully contact at least two (2) credible references for each employee within thirty (30) calendar days of the date of employment. The term "credible" references shall mean former employers or other knowledgeable persons, excluding relatives of the employee. The documentation shall include the name of the employer and the individual giving the reference, the date, the response given when the reference was obtained by telephone and the signature of the person receiving the reference;

(C) 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;

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

(E) 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;

(F) Maintain a commercial general liability insurance policy in full force and effect that covers all places of business and any and all clients, 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 clients in such clients' homes. Such policy shall name the division 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 clients, 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 vol-

unteers in the provision of professional services to clients in such clients' homes. Such policy shall name the division 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 client's home;

(G) Furnish adequate identification (ID) to employees of the provider. This ID shall be carried by the employee in a way that the client can see the name of the agency with whom the aide is employed. A permanent ID including the provider's name, 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;

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

(I) Notify the division's central office of any changes in location, telephone number, administrative or corporate status;

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

1. Use of client's car;
2. Consumption of client's food or drink (except water);
3. Use of client's telephone for personal calls;
4. Discussion of own or other's personal problems, religious or political beliefs with the client;
5. Acceptance of gifts or tips;
6. Bringing other persons to the client's home;
7. Consumption of alcoholic beverages, or use of medicine or drugs for any purpose, other than medical, in the client's home or prior to service delivery;
8. Smoking in client's home;
9. Solicitation or acceptance of money or goods for personal gain from the client;

10. Breach of the client's privacy and confidentiality of information and records;

11. Purchase of any item from the client even at fair market value;

12. Assuming control of the financial or personal affairs, or both, of the client or of his/her estate including power of attorney, conservatorship or guardianship;

13. Taking anything from the client's home; and

14. Committing any act of abuse, neglect or exploitation;

(K) Ensure prompt initiation of authorized services to new clients. The provider shall deliver the in-home service within seven (7) calendar days of receipt of the service authorization from the division case manager 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 case manager with a copy maintained in the client's file;

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

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

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

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

(P) Shall give a written statement of the client's rights and review the statement with each client and primary caregiver, when appropriate at the time service is initiated. The statement of client 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;

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

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

(S) Copayment, as determined by the division's case manager, shall be collected monthly from non-Medicaid clients. 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 client, the client's guardian or estate shall be made by the provider. Failure of clients to submit the required copayment, when determined to be a condition of participation, shall be reported to the division. Failure of clients to comply with copayment requirements may result in termination of services. Unsuccessful attempts to collect from the estate of a deceased client are to be referred to the home and community services deputy director of the division;

(T) Implement a contribution system which accounts for contributions received from clients for in-home services. Non-Medicaid clients shall be informed of their right to voluntarily contribute when they are admitted for services. Services shall not be denied to any client 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;

(U) Understand that both program and fiscal monitoring of the in-home service pro-

gram shall be conducted by the division or its designee.

1. Monitoring visits may be announced or unannounced.

2. The division 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;

(V) 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 the provider agency at least six (6) months. A list of designated trainers must be available for monitoring;

(W) 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 client's funds or property, or falsification of documentation which verifies service delivery;

(X) 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 client, 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 client, 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 client, 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 client or client's designee be present on-site while the employee is on the premises;

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

(Z) The provider shall notify employees and implement established safety procedures upon receipt of information from the division or any other reliable source that a client, 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 verifiable experience with direct care of the elderly, disabled, or infirm;

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

(B) A supervisor shall be designated by the provider to supervise the day-to-day delivery of in-home service who 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 the direct care to the elderly, disabled or infirm; or

4. Have at least three (3) years experience with the direct care to the elderly disabled or infirm.

(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 meet at least one (1) of the following requirements:

A. Have at least six (6) months paid work experience as an agency homemaker, nurse aide, maid or household worker; or

B. At least one (1) years experience, paid or unpaid, in caring for children or for sick or aged individuals; or

C. Successful completion of formal training in nursing arts or as a nurse aide or home health aide;

(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 484.36; or

4. Documented to have worked successfully for the provider for a minimum of three (3) consecutive months while working at least fifteen (15) hours per week as an in-home aide that has received personal care training;

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

(F) The division does not require employees delivering only chore services outside the client's home as specified in (8)(J) to have experience as required in (19)(C)2. of this rule; and

(G) The provider shall ensure that all employees are registered with the Family Care Safety Registry (FCSR) pursuant to the requirements of sections 210.900, RSMo to 210.936, RSMo and 660.317.7, RSMo, Supp. 2005.

(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 clients, 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 client'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 clients 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.

(21) The in-home service 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.

(B) Documentation must be kept on clients with a delivery rate of less than eighty percent (80%) of the authorized units of in-home service. For each client with a delivery rate less than eighty percent (80%) of the authorized units of in-home services authorized for the time period being reviewed, the number of units of service delivered and the non-delivery code will be sent to the division regional manager monthly on a form acceptable to the regional manager. Discrepancies for these clients concerning the frequency of delivered services and/or the in-home service tasks delivered, and the corrective action taken, will be signed and dated by the supervisor and be readily available for monitoring or inspection;

(C) 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. The aide must be present during the visit. 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 client. The written report of the evaluation shall contain documentation of the visit, including the client's name, 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;

(D) Communicating with the division case manager and provider RN regarding changes in any client's condition, changes in scope or frequency of service delivery and recommending changes in the number of units of

service per month including written documentation of that communication; and

(E) Assure that all individuals, who may not be considered employees, but work for the provider in any capacity involving direct care of clients 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) Twenty (20) 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. Eight (8) hours of classroom training will be provided prior to the first day of client 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 660.050.8, RSMo.

3. Twelve (12) hours of required orientation training may be waived for aides and homemakers with adequate documentation in the employee's records that s/he has received similar training during the current or preceding year or has been employed at least half-time for six (6) months or more within the current or preceding year.

4. All orientation training (except the required two (2) hours provider agency orientation) may be waived with 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) Ten (10) hours of in-service training annually are required after the first twelve (12) months of employment. In-service training curricula shall include updates on Alzheimer's disease and related dementia; and

(C) Additional training requirements for in-home workers providing advanced respite must be determined and provided by a provider agency RN following assessment of the client's condition and needs.



(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 client 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 keep a training record or folder that contains:

1. A list of all training sessions held by the provider to fulfill training requirements;
2. A copy of all agendas showing date, time and duration of training sessions; and
3. Qualifications of trainer(s), if other than the provider agency RN.

(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 client 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 authorization for services forms from the division which documents authorization for all units of service provided;
2. Individual worker delivery records that accurately document the client's name, dates of service delivery, beginning time and ending time for each service delivery date activities or tasks performed, aide's signature and the client's signature verifying each date(s) of service. If the client is unable to sign, another responsible person present in the home during service delivery may sign to verify the time and activities reported or the client may make his/her mark (x) which shall be witnessed by a minimum of one (1) person who may be the aide or homemaker. If these documents are not filed in the client's case record, they must be readily available for monitoring or inspection;
3. Documentation explaining discrepancies between authorized and delivered services including a description of corrective action taken, when applicable, and documen-

tation of information forwarded to the division;

4. All registered nurse clinical notes concerning the client;
5. Documentation of all correspondence and contacts with the client's physician or other care providers;
6. Copies of written communication transmitted to and from the division case manager; and
7. Any other pertinent documentation regarding the client.

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

(C) Accurate records documenting dates and amount of contributions received and expended. Records of contributions received should list the name of each contributor and the date and amount of the contribution. The contribution expenditure records should list the name and amount of the contribution. The contribution expenditure records should list the name and address of each client, dates of service delivery, time spent on each date, activities performed, aide's name and the client's signature for each date of service; and

(D) Documentation of each Employee Dis-

qualification 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 660.050, RSMo Supp. 2005.\* 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. \*\**

*\*Original authority: 660.050, RSMo 1984, amended 1988, 1992, 1993, 1995, 2001.*

*\*\*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)