

Rules of
Department of Mental Health
Division 30–Certification Standards
Chapter 4–Mental Health Programs

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**Title 9—DEPARTMENT OF
MENTAL HEALTH**
Division 30—Certification Standards
Chapter 4—Mental Health Programs

9 CSR 30-4.010 Definitions

PURPOSE: This rule defines the special terms used in 9 CSR 30-4.020–9 CSR 30-4.190 regarding the certification standards for mental health agencies.

(1) The terms defined in section 630.005, RSMo are incorporated by reference for use in this chapter as though set out in this rule.

(2) Unless the context clearly requires otherwise, the following terms as used in this chapter shall mean—

(A) Admission, the time when an agency has completed its screening and intake process and has decided to accept an applicant to receive its services;

(B) Aftercare, outpatient supportive services to patients recently discharged from a psychiatric unit, designed to support the patients in their community;

(C) Agency, an entity responsible for the delivery of mental health services to an identified target population;

(D) Assessment, evaluation of a client's strengths, weaknesses, problems and needs;

(E) Case management, activities aimed at linking the patient to the service system and coordinating the various services for that person including:

1. Developing of a treatment plan with the patient;

2. Identifying, arranging and monitoring services provided;

3. Reviewing cases regularly and documenting progress of patients in treatment; and

4. Acting as a patient advocate;

(F) Clinical privileges, authorization by an agency to render services limited to staff with demonstrated training, experience and other qualifications;

(G) Community social living skills, training individuals to live within the community, to overcome the barriers of social isolation, to foster individual development of social skills and interpersonal relationships and to improve self-expression;

(H) Direct psychotherapy, the extended treatment of a mental disorder, utilizing a one-on-one relationship and focusing upon intrapsychic processes. As used in this rule, psychotherapy does not refer to individual or group, goal-oriented behavioral or educational interventions which are short-term in nature or which are directed at enhancing liv-

ing, interpersonal or vocational skills or which are intended to be primarily supportive in nature;

(I) Emergency care, a twenty-four (24)-hour telephone hotline service or face-to-face psychotherapy which is immediately available to ameliorate the emotional trauma precipitated by a specific event;

(J) Facility, the physical premises used by an agency to provide mental health services;

(K) Information and education, activities designed to promote mental health principles in community agencies and increase citizens' awareness of the nature of mental health problems and available services;

(L) Initial referral or recording initial demographic information referral to an appropriate service, or both prior to intake screening;

(M) Intake evaluation, the initial clinical interview for determining the level of psychological and social functioning, the need for treatment or additional evaluation service or the development of a treatment plan;

(N) Language therapy, treating language disorders, including language reception, integration and expression;

(O) Medical psychotherapy, a goal-oriented process in which a person, interacting with a psychiatrist, wishes to relieve symptoms or resolve problems that interfere with his/her ability to perform in society;

(P) Medical services, assessment of an individual's need for medically supervised treatment and the provision of the treatment necessary following assessment including medication check;

(Q) Mental health consultation to physicians, assisting a physician providing services to an identified patient or family unit;

(R) Mental health professionals, one (1) of the following:

1. A professional counselor licensed under Missouri state law to practice counseling;

2. An individual possessing a master's or doctorate degree in counseling, psychology, family therapy or related field, with one (1) year's experience, under supervision, in treating problems related to mental illness;

3. A pastoral counselor with a degree equivalent to the Master of Science Degree in Divinity from an accredited program with specialized training in mental health services. One (1) year of experience, under supervision, in treating problems related to mental illness may be substituted for specialized training;

4. A physician licensed under Missouri state law to practice medicine or osteopathy and with specialized training in mental health services. One (1) year of experience, under

supervision, in treating problems related to mental illness may be substituted for specialized training;

5. A psychiatrist that is a licensed physician, who in addition, has successfully completed a training program in psychiatry approved by the American Medical Association, the American Osteopathic Association or other training program certified as equivalent by the department;

6. A psychologist licensed under Missouri state law to practice psychology;

7. A psychiatric nurse that is a registered professional nurse who is licensed under Chapter 335, RSMo and who has had at least two (2) years of experience as a registered professional nurse in providing psychiatric nursing treatment to individuals suffering from mental disorders; and

8. A social worker with a master's degree in social work from an accredited program and with specialized training in mental health services. One (1) year of experience, under supervision, may be substituted for training;

(S) Occupational therapy, selected activities to promote and maintain health, to prevent disability, to evaluate behavior and to treat or train patients with a physical or psychosocial dysfunction;

(T) Outpatient program, a program providing emergency services, intake screening, psychotherapy, counseling, aftercare and information/education in a nonresidential setting for mentally disordered and mentally ill clients;

(U) Outreach, identification of the target population to be served and efforts to inform and facilitate access to the agency's services;

(V) Program, an array of services for the mentally disordered or mentally ill in a setting organized to carry out specific procedures; that is, residential, day treatment and outpatient;

(W) Psychiatric evaluation, mental and neurological assessment of a patient which includes a history of the present problem and a mental status examination, including an evaluation of the degree of dangerousness the patient presents to him/herself and others;

(X) Psychological evaluation, an assessment of the psychological functioning of a patient, including the administration and interpretation of standardized psychological tests;

(Y) Referral, a recommendation that a client obtain services from other support rehabilitation resources;

(Z) Research, intervention or interaction experiments on clients whether behavioral, psychological, biomedical or pharmacological;

(AA) Social service evaluation, an evaluative interview to determine the patient's social history, level of social functioning and social status;

(BB) Speech evaluation, an evaluation to determine the cause and extent of verbal communication disorder(s) and the need for corrective treatment; and

(CC) Speech therapy, activities aimed at treating disorders of speech production, language perception or expression or auditory disorders.

AUTHORITY: sections 630.050, RSMo Supp. 1993 and 630.655, RSMo 1986. Original rule filed June 14, 1985, effective Dec. 1, 1985. Emergency amendment filed July 2, 1992, effective July 12, 1992, expired Nov. 8, 1992. Emergency amendment filed July 6, 1993, effective July 16, 1993, expired Nov. 12, 1993. Amended: Filed July 6, 1993, effective March 10, 1994.*

**Original authority: 630.050, RSMo 1980, amended 1993 and 630.655, RSMo 1980.*

9 CSR 30-4.020 Procedures to Obtain Certification

PURPOSE: This rule describes the procedure to obtain certification from the Department of Mental Health for mental health agencies as authorized by section 630.655, RSMo.

(1) Under section 630.655, RSMo, the department shall certify each agency's level of service, treatment or rehabilitation as necessary for the agency to receive state funds or to meet conditions for third-party reimbursement.

(2) The department shall certify the agencies which meet its standards without requiring fees.

(3) Any agency may apply for certification by requesting an application from the Division of Comprehensive Psychiatric Services, P.O. Box 687, Jefferson City, MO 65102.

(A) The applicant shall complete the application and return it to the department. Within two (2) weeks after the application is received, the department will review it to determine whether the applicant's agency is appropriate for certification and notify the applicant by mail of this determination.

(B) Agencies that wish to apply for recertification shall submit their applications to the department at least sixty (60) days before expiration of their existing certificates.

(4) The department shall conduct an on-site survey of each agency that has submitted a completed application and which the department has determined is appropriate for certification.

(A) The department shall schedule and announce the survey at least six (6) weeks in advance of the visit.

(B) Before conducting its on-site survey, the department shall send each applicant for certification a copy of the survey instrument which will indicate how the requirements in each section are weighted to determine compliance with departmental standards.

(C) The department shall use a copy of the survey instrument when conducting its on-site survey.

(D) The surveyor(s) shall conduct an entrance and exit conference.

(5) The department shall certify only the agency named in the application and the agency may not transfer the certification without the written approval of the department.

(6) The agency shall display the certificate issued by the department in a conspicuous place on its premises.

(A) The certificate is the property of the department and is valid only as long as the agency is in compliance with the certification standards.

(B) The department may inspect the agency at any reasonable time to check continued compliance with the certification standards.

(C) Within seven (7) days of the time any certified agency is sold, leased, discontinued, moved to a new location, or has changed directors or services offered, the agency shall notify, the Division of Comprehensive Psychiatric Services, in writing, of the change.

(7) Certification is available as set out in this chapter for outpatient programs.

(8) The department may certify an agency program without limitations or on a probationary, provisional or temporary basis.

(A) The department shall certify an agency program without limitations only if the agency complies with at least ninety percent (90%) of each of the applicable standards.

(B) The department may certify an agency program on a probationary basis if the agency complies with at least eighty percent (80%) but less than ninety percent (90%) of each of the applicable standards.

1. Probationary certification shall not exceed three (3) months, during which time the agency may correct deficiencies and seek certification without limitations.

2. Provisional certification will be awarded based on a review of the policy and procedure manual and the physical plant. The agency will not be penalized for failure to comply with those standards which reflect on-going activities.

3. Provisional certification shall not exceed six (6) months of program operation, during which time the department shall conduct a site visit to determine compliance with the applicable standards for certification without limitations.

(C) The department may certify an agency program on a temporary basis in order to allow inspection for the purposes of recertification if the inspection process has not been completed prior to the expiration of the existing certification and the applicant is not at fault for failure to complete the inspection process.

(9) Agencies shall submit to the department a time-phase plan to correct deficiencies that are found during the on-site survey. This time-phase plan shall be submitted within one (1) month of the date the agency was notified in writing of the deficiencies.

(10) The facility shall retain and make available to the staff and the public a complete copy of each official notification of violations, deficiencies, certification or licensure approval or disapproval with responses, a description of its services and the charges for services.

(11) An agency which has had certification denied or revoked may appeal to the director of the department within thirty (30) days of receiving notice of the denial or revocation of the certification. The director of the department shall conduct a hearing under procedures set out in Chapter 536, RSMo, and issue Findings of Fact, Conclusions of Law and a decision which shall be final.

(12) An agency which has had certification denied or revoked must wait at least three (3) months before filing a new application for certification.

(13) The department shall certify an agency program for a period of one (1) year. If an agency has achieved substantial compliance with the standards for three (3) successive on-site surveys, the department shall certify the agency program for a period of two (2) years.

(14) The department shall certify, upon application, an agency which is accredited, or part of a hospital or other facility accredited, by the Joint Commission on Accreditation of

Hospitals or the American Osteopathic Association. The agency shall submit a profile of agency services, staffing patterns and funding sources.

AUTHORITY: sections 630.050, RSMo Supp. 1993 and 630.655, RSMo 1986. Original rule filed June 14, 1985, effective Dec. 1, 1985.*

**Original authority: 630.050, RSMo 1980, amended 1993 and 630.655, RSMo 1980.*



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
**APPLICATION FOR COMMUNITY PSYCHIATRIC
REHABILITATION PROGRAM CERTIFICATION**

RETURN COMPLETED APPLICATION TO
PROGRAM STANDARDS AND COMPLIANCE UNIT
DEPARTMENT OF MENTAL HEALTH, DEPT. AFFAIRS
P.O. BOX 687
JEFFERSON CITY, MISSOURI 65102

FOR DMH USE ONLY	
DATE RECEIVED BY DMH	<input type="checkbox"/> INITIAL <input type="checkbox"/> RESURVEY
CERTIFICATION GRANTED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
EFFECTIVE DATE	CERTIFICATION NUMBER

DATE COMPLETED

AGENCY NAME

SPECIFIC LOCATION (STREET OR R.F.D.)

CITY ZIP CODE COUNTY

MAILING ADDRESS - IF DIFFERENT THAN ABOVE

CITY STATE ZIP CODE

PHONE NUMBER(S)

DIRECTOR OF AGENCY

DIRECTOR OF PROGRAM TO BE CERTIFIED (IF DIFFERENT THAN ABOVE)

CONTACT PERSON (FOR PURPOSES OF SCHEDULING, CLARIFYING INFORMATION, ETC.)

OTHER LICENSE, ACCREDITATION OR CERTIFICATION OF THIS AGENCY/PROGRAM

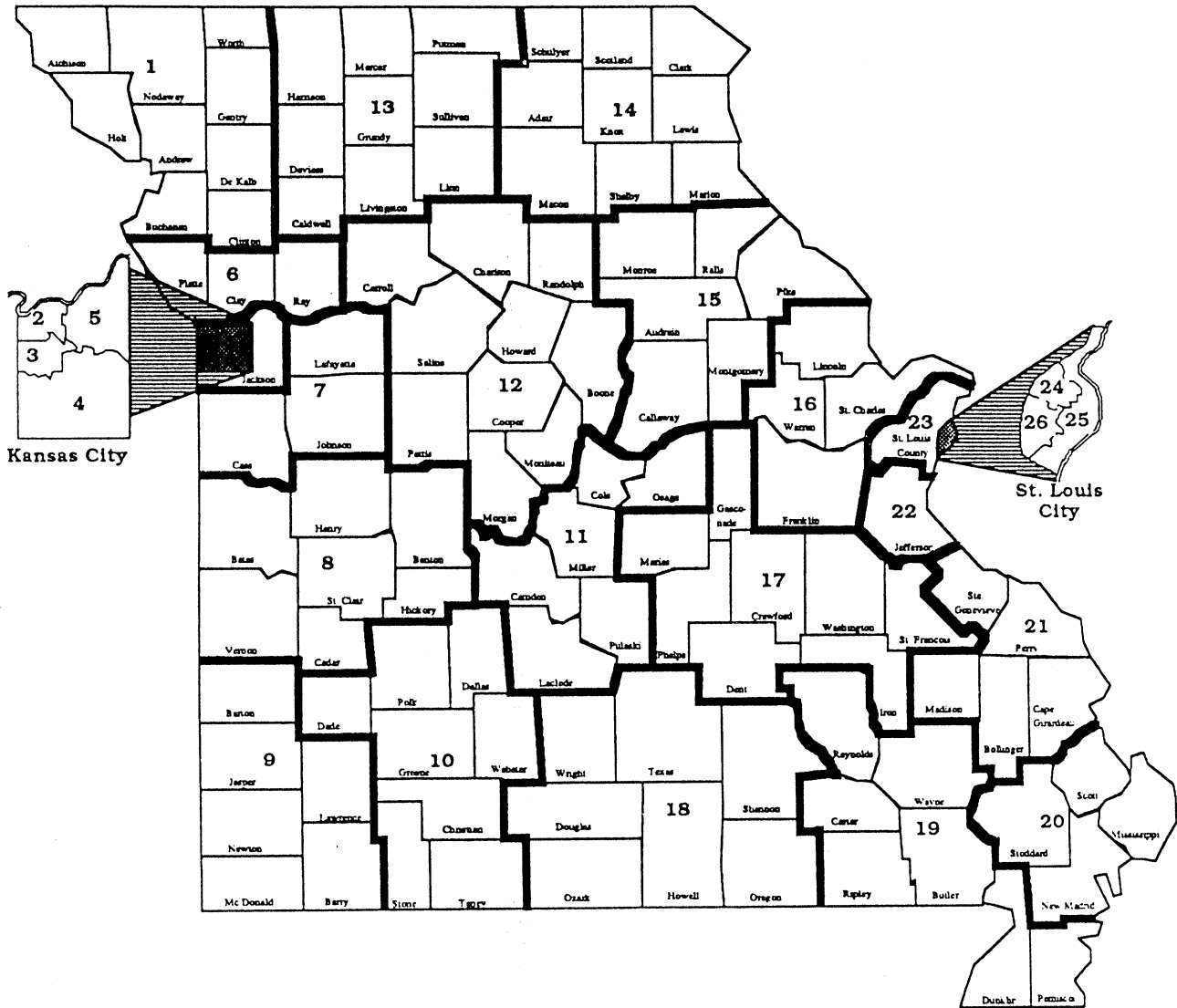
LICENSING, ACCREDITING OR CERTIFYING BODY	FACILITY TYPE	LICENSE NUMBER	ISSUANCE DATE	EXPIRATION DATE

IF ANY SERVICE COMPONENTS ARE OR WILL BE SUBCONTRACTED, LIST BELOW.

SUBCONTRACTOR'S NAME & ADDRESS	SERVICES	CONTACT PERSON & PHONE

ATTACH ADDITIONAL PAGES AS NEEDED

MISSOURI DEPARTMENT OF MENTAL HEALTH
 DIVISION OF COMPREHENSIVE PSYCHIATRIC SERVICES
 SERVICE AREAS



INDICATE BY SHADING THE COUNTIES WHICH YOUR PROGRAM IS APPLYING TO SERVE.

OWNER OF BUSINESS OR GOVERNING BODY PRESIDENT		ADDRESS		
CITY		STATE	ZIP	PHONE NUMBER
ACKNOWLEDGEMENT				
STATE OF MISSOURI		} SS.		
CITY OF				
COUNTY OF				
<p>_____ and <small>GOVERNING BODY PRESIDENT</small></p> <p>_____ being duly sworn to me on _____ <small>CHIEF ADMINISTRATIVE OFFICER</small> <small>HIS/THEIR</small></p> <p>oath, deposes and says that _____ <small>SHE/HE</small> have read the foregoing application and that the statements contained therein are true and correct to the best of _____ <small>HIS/HER</small> knowledge; and further gives assurance of the ability and intention of the _____ <small>EXACT LEGAL NAME OF PROGRAM</small> to comply with the law for the operation of Community Psychiatric Rehabilitation Centers and regulations established thereunder. It is understood that _____ <small>EXACT LEGAL NAME OF PROGRAM</small> will be eligible for certification only after it has complied with the requirements of the law and the regulations and codes, and that such certification is subject to revocation at any time this agency fails to comply with the law, regulations and codes. Furthermore, it is agreed that agents of the Department of Mental Health are authorized by law to make inspections of the premises, talk to employees about the operation of this program, and to audit the financial records of this agency.</p> <p>_____ and _____ further certify that _____ <small>GOVERNING BODY PRESIDENT</small> <small>CHIEF ADMINISTRATIVE OFFICER</small> <small>HE/SHE</small></p> <p>will comply with all requirements for correction and/or improvements in _____ <small>EXACT LEGAL NAME OF PROGRAM</small> contained in the inspection reports completed by authorities of the Missouri Department of Mental Health and submitted to said program.</p>				
SIGNATURE (PRESIDENT)		SIGNATURE (CHIEF ADMINISTRATIVE OFFICER)		
NOTARY PUBLIC EMBOSSEY SEAL	STATE OF		COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS			USE RUBBER STAMP IN CLEAR AREA BELOW.
	DAY OF _____ 19			
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES		
NOTARY PUBLIC NAME (TYPED OR PRINTED)				

9 CSR 30-4.025 Implementation of Certification Authority for Certain Programs

Emergency rule filed Nov. 6, 1985, effective Nov. 16, 1985, expired March 7, 1986.

9 CSR 30-4.030 Certification Standards Definitions

PURPOSE: This rule defines terms and explains usage rules for those terms used in certification procedures and standards developed under section 630.655, RSMo for community psychiatric rehabilitation programs and certain services serving persons with serious mental illnesses and disorders.

(1) The terms defined in section 630.005, RSMo are incorporated by reference for use in 9 CSR 30-4.031–9 CSR 30-4.047.

(2) As used in 9 CSR 30-4.031–9 CSR 30-4.047, unless the context clearly indicates otherwise, the following terms shall mean:

(A) Administrative agent—an agency and its approved designee(s) authorized by the Division of Comprehensive Psychiatric Services (CPS) as an entry and exit point into the state mental health service delivery system for a geographic service area defined by the division;

(B) Admission—the process described in 9 CSR 30-4.042;

(C) Advance practice nurse—as set forth in section 335.011, RSMo, a nurse who has had education beyond the basic nursing education and is certified by a nationally recognized professional organization as having a nursing specialty, or who meets criteria for advanced practice nurses established by the board of nursing;

(D) Affiliate—an organization or person providing psychiatric rehabilitation services through subcontract on behalf of a community psychiatric rehabilitation (CPR) provider;

(E) Applicant—an entity which has applied to the division for certification as a CPR provider;

(F) Brief evaluation—activities including screening, assessment, development and revision of an individual treatment plan, for the purposes of establishing client eligibility in a defined level of care;

(G) CPR director—director of CPR program;

(H) Chemical restraints—as defined in section 630.005, RSMo, drugs which are prescribed or administered in an emergency to restrain temporarily an individual who presents a likelihood of serious physical harm to him/herself or to others;

(I) Class I Neglect—failure of an employee to provide reasonable and necessary services to maintain the physical and mental health of any client when the failure presents either imminent danger to the health, safety or welfare of a client or a substantial probability that death or physical injury would result;

(J) Class II Neglect—failure of an employee to provide reasonable or necessary services to a client or resident according to the individualized treatment plan or to identified acceptable standards of care;

(K) Client—a generic term that includes any individual requesting and receiving CPR services which may include not only the person receiving services but also a legal guardian, unless the context clearly indicates otherwise;

(L) Clinical privileges—authorization to a staff person to provide specific client care and treatment service within well-defined limits based on that individual's license (if applicable), education, training, experience, competence, clinical judgment and generally accepted standards of treatment or care;

(M) Clinical review—a review conducted by mental health professionals identified by the division to determine client eligibility and authorize reimbursement for services determined to be clinically appropriate for a specific client as required by the division;

(N) Community psychiatric rehabilitation center (CPR provider or CPR program)—an organization which provides or arranges for, at the minimum, the following core services: intake and annual evaluations, crisis intervention and resolution, medication services, consultation services, medication administration, community support and psychosocial rehabilitation in a nonresidential setting for individuals with serious mental illness in conjunction with standards set forth in 9 CSR 30-4.031–9 CSR 30-4.047;

(O) Community support—as defined in 9 CSR 30-4.043(2)(F);

(P) Community support assistant—an individual with a high school diploma or equivalent and applicable training as required by the department;

(Q) Consultation services—as defined in 9 CSR 30-4.043(2)(C);

(R) Crisis intervention and resolution—as defined in 9 CSR 30-4.043(2)(A);

(S) Critical intervention—actions prescribed by an individual's treatment plan, to intercede on behalf of a client's safety in critical situations or circumstances that pose a risk of serious harm to a client or to a client's ability to live outside of an institution or a more restrictive setting than his/her current residence;

(T) Department—the Department of Mental Health;

(U) Director—director of the Department of Mental Health;

(V) Division—the Division of Comprehensive Psychiatric Services of the Missouri Department of Mental Health;

(W) Eligible client—an individual found to have serious mental illness according to specific diagnostic, disability and durational criteria as set out in 9 CSR 30-4.042(4) and satisfying the admission criteria described in 9 CSR 30-4.042;

(X) Facility—the physical plant or site used by a CPR provider to provide mental health services;

(Y) Improper clinical practices—a level of performance or behavior which constitutes a repeated pattern of negligence or which constitutes a continuing pattern of violations of laws, rules, or regulations enforced by the appropriate professional licensing, funding or certifying entity;

(Z) Intake/annual evaluation—as defined in 9 CSR 30-4.035(7) and (18);

(AA) Mechanical restraint—any device, instrument or physical object used to restrict an individual's freedom of movement except when necessary for orthopedic, surgical and other medical purposes;

(BB) Medication administration—as defined in 9 CSR 30-4.043(2)(D);

(CC) Medication administration support—as defined in 9 CSR 30-4.043(2)(E);

(DD) Medication aide—an individual as defined in 13 CSR 15-13.030 who administers medications;

(EE) Medication services—as defined in 9 CSR 30-4.043(2)(B);

(FF) Medical technician—an individual as defined in 13 CSR 15-13.020 who administers medications;

(GG) Mental health professional—any of the following:

1. A physician licensed under Missouri law to practice medicine or osteopathy and with training in mental health services or one (1) year of experience, under supervision, in treating problems related to mental illness or specialized training;

2. A psychiatrist, a physician licensed under Missouri law who has successfully completed a training program in psychiatry approved by the American Medical Association, the American Osteopathic Association or other training program identified as equivalent by the department;

3. A psychologist licensed under Missouri law to practice psychology with specialized training in mental health services;

4. A professional counselor licensed under Missouri law to practice counseling and with specialized training in mental health services;

5. A clinical social worker with a master's degree in social work from an accredited program and with specialized training in mental health services;

6. A psychiatric nurse, a registered professional nurse licensed under Chapter 335, RSMo with at least two (2) years of experience in a psychiatric setting or a master's degree in psychiatric nursing;

7. An individual possessing a master's or doctorate degree in counseling and guidance, rehabilitation counseling and guidance, rehabilitation counseling, vocational counseling, psychology, pastoral counseling or family therapy or related field who has successfully completed a practicum or has one (1) year of experience under the supervision of a mental health professional;

8. An occupational therapist certified by the American Occupational Therapy Certification Board, registered in Missouri, has a bachelor's degree and has completed a practicum in a psychiatric setting or has one (1) year of experience in a psychiatric setting, or has a master's degree and has completed either a practicum in a psychiatric setting or has one (1) year of experience in a psychiatric setting;

9. An advanced practice nurse as set forth in section 335.011, RSMo, a nurse who has had education beyond the basic nursing education and is certified by a nationally recognized professional organization as having a nursing specialty, or who meets criteria for advanced practice nurses established by the board of nursing; and

10. A psychiatric pharmacist as defined in 9 CSR 30-4.030;

(HH) Psychiatric pharmacist—a registered pharmacist in good standing with the Missouri Board of Pharmacy who is a board-certified psychiatric pharmacist (BCPP) through the Board of Pharmaceutical Specialties or a registered pharmacist currently in a psychopharmacy residency where the service has been supervised by a board-certified psychiatric pharmacist;

(II) Physical abuse—handling of a patient, resident or client with more force than is reasonable or apparently necessary for proper control, treatment or management; purposefully beating, striking, wounding or injuring any patient, resident or client; or mistreating or maltreating a patient, resident or client in a brutal or inhumane manner;

(JJ) Physical restraint—physical holding of a client which restricts a client's freedom of movement to restrain temporarily in an emer-

gency a client who presents a likelihood of serious physical harm to him/herself or to others;

(KK) Psychosocial rehabilitation—as defined in 9 CSR 30-4.043(2)(H);

(LL) Psychosocial rehabilitation-recovery support—as defined in 9 CSR 30-4.043(2)(I);

(MM) Research—experiments, including intervention or interaction with clients, whether behavioral, psychological, biomedical or pharmacological and program evaluation as set out in 9 CSR 60-1.010(1);

(NN) Seclusion—placement alone in a locked room for any period of time;

(OO) Sexual abuse—any touching, directly or through clothing, of the genitals, anus or breasts of a patient, resident or client for other than medical purposes by an employee, or failing to exercise duty to stop or prevent sexual harassment between patients, residents or clients or causing patients, residents or clients to touch or fondle through the clothing of the employee;

(PP) Time-out—temporary exclusion or removal of a client from the treatment or rehabilitation setting, used as a behavior modifying technique as prescribed in the client's individual treatment plan and for periods of time not to exceed fifteen (15) minutes each; and

(QQ) Verbal abuse—staff or volunteers referring to a patient, resident or client in the patient's, resident's or client's presence with profanity or in a demeaning, undignified or derogatory manner.

AUTHORITY: sections 630.050, RSMo Supp. 1998 and 630.055 and 632.050, RSMo 1994. Original rule filed Jan. 19, 1989, effective April 15, 1989. Emergency amendment filed Aug. 27, 1993, effective Sept. 8, 1993, expired Nov. 7, 1993. Emergency amendment filed Oct. 28, 1993, effective Nov. 7, 1993, expired March 6, 1994. Emergency amendment filed Feb. 15, 1994, effective March 6, 1994, expired April 10, 1994. Amended: Filed Aug. 27, 1993, effective April 9, 1994. Amended: Filed Dec. 13, 1994, effective July 30, 1995. Emergency amendment filed Aug. 11, 1999, effective Aug. 22, 1999, expired Feb. 17, 2000. Amended: Filed Aug. 11, 1999, effective Feb. 29, 2000.*

**Original authority: 630.050, RSMo 1980, amended 1993, 1995; 630.055, RSMo 1980; 632.050, RSMo 1980.*

9 CSR 30-4.031 Procedures to Obtain Certification for Centers

PURPOSE: This rule describes procedures to obtain certification from the Department of

Mental Health for community psychiatric rehabilitation programs.

(1) Under section 630.050, RSMo, the department shall certify each community psychiatric rehabilitation (CPR) provider's rehabilitation program services as a condition of participation in the community psychiatric rehabilitation program.

(2) To be eligible for certification as a CPR provider, an organization must meet one (1) of the following requirements:

(A) Performs the required functions described in section 1916(c)(4) of the Public Health Service Act;

(B) Meets the eligibility requirements for receipt of federal mental health block grant funds;

(C) Has a current and valid purchase of service contract with the Division of Comprehensive Psychiatric Services pursuant to 9 CSR 25-2;

(D) Is designated by the Division of Comprehensive Psychiatric Services under the authority of section 632.050, RSMo to serve as an entry and exit point for the public mental health service delivery system; or

(E) Has been certified at least once prior to November 7, 1993, and has maintained certification continuously since November 7, 1993.

(3) The department shall survey and certify the CPR program without requiring fees.

(4) Any CPR provider may apply for certification by requesting an application from the Office of Departmental Affairs, P.O. Box 687, Jefferson City, MO 65102.

(A) The applicant shall complete the application and return it to the department. Within four (4) weeks after the application is received, the department will review it to determine whether the applicant offers services required for participation in the community psychiatric rehabilitation provider and for certification as a community psychiatric rehabilitation provider. The department will notify the applicant by mail of its finding.

(B) CPR providers that wish to apply for recertification shall submit applications to the department at least ninety (90) days before expiration of their existing certificates.

(C) The department will send survey methodology to any applicant upon request.

(5) The department shall conduct an on-site survey of each CPR provider which has submitted a completed application for certification and offers services required for certification as a community psychiatric rehabilitation provider.



(A) The department shall schedule the survey and notify the applicant of the site visit at least fourteen (14) days in advance of the visit.

(B) The surveyor(s) shall hold entrance and exit conferences with provider administration and staff of the CPR program to provide information on survey procedures. The governing body shall be informed of the survey results.

(C) The department shall immediately cite any health/safety/welfare standards deficiencies which could result in substantial probability of, or actual jeopardy to, client safety or welfare. The surveyors will not exit the CPR program until an acceptable plan of correction is presented which assures the surveyor(s) that there is no further risk of jeopardy to clients.

(6) The department shall certify only the CPR provider named in the application.

(7) The department may certify a CPR provider without limitations, or on a provisional, probationary or temporary basis.

(A) The department shall certify a CPR provider without limitations for a period of one (1) year only if—

1. The CPR provider has successfully completed one (1) year of provisional certification; and

2. As a result of the on-site survey, the department—

A. Has not identified any deficiencies and does not require the CPR provider to submit a plan of correction; or

B. Has identified deficiencies, the CPR provider has submitted an approved plan of correction, and the department has determined that the approved plan of correction has been fully implemented.

(B) The department shall award provisional certification to all new CPR providers for a period of one (1) year if, as a result of the on-site survey, the department—

1. Has not identified any deficiencies and does not require the CPR provider to submit a plan of correction; or

2. Has identified deficiencies, the CPR provider has submitted an approved plan of correction, and the department has determined that the approved plan of correction has been fully implemented.

(C) A CPR provider shall be considered to have successfully completed provisional certification if eighty percent (80%) of the last fifty (50) client charts (initial admissions and reauthorizations) submitted for clinical review prior to the end of the year of provisional certification, are approved as submit-

ted or with nonclinical changes (see 9 CSR 30-4.042(1)).

(D) CPR providers that do not successfully complete one (1) year of provisional certification shall not be recertified.

(E) The department shall award probationary certification to all CPR providers for a period of six (6) months if, as a result of the on-site survey, the department has identified deficiencies, the CPR provider has submitted an approved plan of correction, and the department has determined that the approved plan of correction has not been fully implemented.

(F) To allow adequate opportunity for recertification inspection, the department shall award temporary certification to a CPR provider for a period up to sixty (60) days, if the inspection process has not been completed prior to the expiration of an existing certification, and if the applicant is not at fault for delays in the inspection process.

(8) Within fifteen (15) working days after the exit conference, the department shall notify a CPR provider of the deficiencies cited as a result of the on-site survey. The department shall send the statement by certified mail, return receipt requested.

(9) Within thirty (30) working days of the receipt of the statement, the CPR provider shall submit a plan of correction addressing each of the separate deficiencies listed in the statement of deficiencies.

(A) The plan shall specify the method of correction and the date the correction shall be completed.

(B) Within fifteen (15) working days after receipt of the plan, the department shall notify the CPR provider of its decision to accept or require revisions of the proposed plan of correction.

(C) If the CPR provider has been awarded probationary certification based on an approved plan of correction, the department shall schedule a revisit within the six (6)-month corrective action period.

(10) The CPR provider shall retain and make available to the staff and the public upon request a complete copy of each official notification of violations and deficiencies, and approval, denial or revocation of certification or licensure.

(11) A CPR provider which has had certification denied or revoked may appeal to the director of the department within thirty (30) days of receiving notice of the denial or revocation. The director of the department shall conduct a hearing under procedures set out in Chapter 536, RSMo and shall issue findings

of fact, conclusions of law and a decision which shall be the final decision of the department.

(12) A CPR provider which has had certification denied or revoked shall be ineligible for participation in the department's community psychiatric rehabilitation program at least three (3) months following denial or revocation.

(13) The department shall revoke certification of a CPR provider at the time the CPR provider is found out of compliance with any of the standards which result in substantial probability of or actual jeopardy to client safety or welfare.

(14) Immediately following a decision to revoke certification based on noncompliance with health/safety/welfare standards, the department, at its discretion, may place a monitor in the program facility to protect client safety or welfare. The cost of the monitor shall be subtracted from a check due the CPR provider at the rate of seventy-five dollars (\$75) per eight (8)-hour shift, plus expenses.

(A) The department shall remove the on-site monitor from the CPR provider when a determination is made that clients are no longer at risk.

(B) The department shall monitor CPR program activities on a daily basis for at least ten (10) working days following removal of the on-site monitor and at random intervals after that.

(15) A certified CPR provider may not transfer its certification without the written approval of the department.

(16) A CPR provider shall display the certificate issued by the department in a conspicuous place on its premises.

(A) The certificate is the property of the department and is valid only as long as the CPR provider is in substantial compliance with the certification standards as set out in section (7).

(B) The department may inspect the CPR program periodically to check continued compliance with the certification standards.

(C) Within seven (7) days of the time any certified CPR program is sold, leased, discontinued or moved to a new location or has changed executive directors or has discontinued one (1) of the core services offered, the CPR provider shall notify, in writing, the Division of Comprehensive Psychiatric Services of the change.

(17) A CPRC is deemed in compliance with CPRC certification standards if it is approved by the department under an outcome certification approach developed by the department and agreed to by the provider.

(18) The department shall have authority to—

(A) Administratively sanction a certified CPR provider that has been found to have committed fraud, financial abuse, client abuse or improper clinical practices or that had reason to know its staff or clinicians were engaged in improper practices; and

(B) Suspend the certification process pending completion of the investigation when an agency that has applied for certification or the staff of that agency is under investigation for fraud, financial abuse, client abuse or improper clinical practices in any government funded programs.

(19) Administrative sanctions include, but are not limited to, suspension of certification, reinstatement of clinical review, suspension of new client admission, decertification or other actions as determined by the department.

(20) The department may refuse to accept for a period of up to twenty-four (24) months an application for certification from an agency found to have committed fraud, abuse or improper clinical practices or whose staff and clinicians were engaged in improper practices.

(21) A CPR provider may appeal the sanctions pursuant to 9 CSR 30-4.031(11).

*AUTHORITY: sections 630.050, 630.655 and 632.050, RSMo 1994. * Original rule filed Jan. 19, 1989, effective April 15, 1989. Emergency amendment filed Aug. 16, 1993, effective Aug. 26, 1993, expired Dec. 23, 1993. Emergency amendment filed Aug. 27, 1993, effective Sept. 8, 1993, expired Nov. 7, 1993. Emergency amendment filed Oct. 28, 1993, effective Nov. 7, 1993, expired March 6, 1994. Emergency amendment filed Dec. 9, 1993, effective Dec. 24, 1993, expired April 22, 1994. Amended: Filed Aug. 16, 1993, effective April 9, 1994. Amended: Filed Aug. 27, 1993, effective April 9, 1994. Amended: Filed Dec. 13, 1994, effective July 30, 1995.*

**Original authority: 630.050, RSMo 1980, amended 1993 and 630.655 and 632.050, RSMo 1980.*