Title 9—DEPARTMENT OF MENTAL HEALTH
Division 45—Division of Developmental Disabilities
Chapter 7—Standards for Provider Contracts

PROPOSED RULE

9 CSR 45-7.020 Provider Enrollment

PURPOSE: This rule establishes practices and sets out the process by which a provider interested in delivering employment services when the provider is currently contracted with Vocational Rehabilitation or professional or technical services such as durable medical equipment, home or vehicle modification, specialized medical equipment, behavior analysis, speech therapy, occupational therapy, physical therapy, professional assessment and monitoring registered nurse, licensed practical nurse or dietician, interpreters or dentists through Purchase of Service or Medicaid Waiver Services funded by the Division may pursue a contract.

(1) The Division shall establish procedures by which an interested provider for professional or technical services such as durable medical equipment, home or vehicle modification, specialized medical equipment, behavior analysis, speech therapy, occupational therapy, physical therapy, interpreters or dentists through Purchase of Service or Medicaid Waiver services may pursue a contract.

(2) The Division shall not consider any proposal for contract and subsequent enrollment of a Durable Medical Equipment provider unless that provider has a current contract to provide Missouri State Plan services.

(3) The Division shall not consider any proposal for contract and subsequent enrollment unless the proposal is in compliance with 42 CFR § 441.301.

(4) The Division shall not consider any proposal for contract and subsequent enrollment unless the proposal is fully completed, is properly attested to or affirmed by a person with express 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:

1. Completed the Contract Provider Application B form available on the Division's website;
2. Social Security or Federal tax identification number;
3. List organization's Board of Directors (if applicable);
4. Resolution from Board of Directors identifying the party duly appointed with the authority to enter into a contractual relationship with the Division (if applicable);
5. Verification of National Provider Identifier (if applicable);
6. Certificate of Good Standing issued by the Missouri Secretary of State's office (if applicable);
7. Receipt from entity processing Federal Bureau of Investigation (FBI) background check for owners with 5% or more interest, administrators, executive directors, managing employees and program directors no more than forty-five (45) days prior to the Division's receipt of the proposal;

8. Results of FCSR for owners with 5% or more interest, administrators, executive directors, managing employees and program directors received from the FCSR no more than sixty (60) days prior to the Division's receipt of the proposal;

9. Verification that the applying provider, and all persons disclosed, have a valid license, operating certificate, or certification if required for the provider type, and that there are no current limitations on such licensure, operating certificate, or certification which would preclude enrollment; Verification that the applying provider's, and that of all persons disclosed, license(s) held in any other state has/have not expired and that there is/are no current limitations on such license(s) which would preclude enrollment;and all other personnel requiring professional registration proposed to work under contract with the Division;

(B) Upon receipt of a proposal, the Division shall conduct whatever investigation 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) Upon receipt of all required information, the Division shall review the Contract Provider Application within thirty (30) days. All applicants submitting a proposal are subject to on-site reviews, performed at the discretion of the Division, by Division staff prior to or subsequent to contract approval.

(E) The Division shall deny the application for failure to submit a complete application. Once denied, the applicant may not reapply for three hundred sixty-five (365) days.

(F) The Division shall deny the proposal and reapplication for any of the following reasons:

1. Falsification of any component(s) of the application;

2. FBI and/or FCSR results for owners, administrators, executive directors or program directors reflect a disqualifying offense under section 630.170 RSMO, unless an exception has been granted through the DMH Exceptions Committee under sections 630.656 and 630.170 RSMo;

3. Owner, administrator or executive director has been convicted of or plead guilty to any of the following felonies within the previous ten (10) years:

a. Credit/debit fraud;
b. Theft/larceny;
c. Wire fraud;
d. Embezzlement;
e. Fraud;
f. Extortion;
g. Insurance fraud;
h. Tax evasion/fraud;
i. Securities fraud;
j. Money laundering;
k. Pyramid scheme;
l. Hate crimes;
m. Racketeering RICO; or
n. Medicaid fraud.

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4. Owner, administrator or executive director has been convicted of or plead guilty to any misdemeanor related to fraud, theft, or physical harm to an individual within the last five (5) years;
5. Owner, administrator or executive director has been terminated from previous state employment due to misconduct or fraud;
6. Provider, owner, administrator or executive director's contract is being or has been terminated by another state entity for cause;
7. Provider, owner, administrator or executive director's contract has been terminated for cause by MO HealthNet; or
8. Provider, owner, administrator or executive director has been listed on the Office of Inspector General's exclusions database.

(G) The Division shall deny the proposal and allow reapplication, within three hundred sixty-five (365) days for any of the following reasons:

1. Incomplete application as outlined in (2)(A); or
2. FBI screening or FCSR results not submitted within designated timelines.

(H) If an owner, administrator, executive director or program director has pending criminal charges that would be disqualifying upon conviction or guilty plea, the Division will hold the application until the charges are resolved. Depending on the length of time elapsed to resolve the charges, the applicant shall be required to submit updated information if requested by the Division.

(5) Prior to approval by the Division for a contract, providers whose function requires a professional license registered with the State of Missouri must complete the following steps within one hundred eighty (180) days of proposal approval:

(A) Designate to the Division the manager who shall 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 the designated manager successfully completes courses and/or assignments associated with courses (before contract implementation, prior to service delivery, quarterly, as needed or online) at no charge, as facilitated by the regional office to which the proposal was submitted. Attendees shall be responsible for their own expenses, including but not limited to travel, meal and lodging costs they may incur in attending the course(s). Courses may include but are not limited to:

1. Abuse and Neglect;
2. Confidentiality and *HIPAA;*
3. Human rights and human rights committee;
4. Due process;
5. Event reporting process*;*
6. Durable medical equipment and home modification documentation requirements;
7.
8. Individualized support planning;

(C) Providers of employment services, in addition to training indicated in 3(B) may also be required to attend courses. Courses may include but are not limited to:

1. HCBS community rule;
2. Division mission, vision, and values overview;
3. Overview of authorities;

4. Integrated quality management functions;
5. Provider relations review;
6. Quality enhancement;
7. Audits;
8. Funding sources including waiver overview and Centers for Medicare & Medicaid Services assurances;
9. Division information systems;
10. Licensure and certification process;
11. Supports intensity scale (SIS);
12. Intake and eligibility;
13. Self-advocacy and self-directed services;
14. Community employment;
15. Positive supports;
16. Supporting individuals with challenging needs;
17. Support coordination;
18. Inquiries and investigations;
19. Death notification and mortality reviews;
20. Employee qualifications and files;
21. Professional manager roles and responsibilities;
22. Direct service documentation requirements;
23. Environmental safety and obtaining fire marshal safety inspection where applicable;

(C) Maintain documentation of training completion, require training attendance by new managers within six (6) months of hire, and make training documentation available for review upon request from the Division;

(D) Develop and submit required provider policies to the Division. Required provider policies may include but are not limited to the following:

1. Admission criteria;
2. Discharge criteria;
3. Copy of admission agreement (if any) between individual served and the provider;
4. Employee training requirements;
5. Abuse and neglect of individuals including mandatory reporting and legal consequences; includes the definitions of verbal abuse, physical abuse, sexual abuse, neglect and misuse of funds/property consistent with 9 CSR 10-5.200;
6. Individual rights;
7. Grievance procedure;
8. Limitations on individuals' rights (specifying which rights can/cannot be limited);
9. Due process when there are limitations of rights of individuals supported; includes external advocacy contacts for individuals, the right to appeal and the appeal process;
10. Behavioral crisis and behavior support/behavioral management;
11. Research related to individuals served;
12. Death of an individual served;
13. Employee background screening consistent with 9 CSR 10-5.190;
14. Restraint and time out, consistent with Division policy;

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15. Human resources policies for employees regarding services provided;
16. HIPAA/Confidentiality; and
17. CIMOR EMT reporting.

(E) In addition to the policies in 3(D) employment providers shall develop and submit additional required provider policies to the Division. Required provider policies may include but are not limited to the following:

1. Emergency and disaster drills and procedures;
2. Environmental safety measures;
3. Infection control and prevention;
4. Medication administration, including storage, disposal and handling of controlled substances;

(F) Applicants unable to complete steps (A)-(E) above within one hundred eighty (180) days of proposal approval shall submit a new proposal for contract, in its entirety, as outlined in(2)(A) of this rule.

(G) Applicants unable to successfully complete any of the above steps shall be denied a contract with the Division.

(6) Upon approval by the Division for a contract, before service provision, all providers must:

(A) Complete contract documentation;

(B) Enroll with MO HealthNet and provide the Division with information necessary to access the MO HealthNet account for re-billing purposes;

(C) Ensure all staff is trained according to the contract and service definition; and

(D) Provide evidence of current worker's compensation and liability insurance.

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