The following information must be submitted to be considered for a participation agreement (contract) to provide in-home services. In order for the Missouri Medicaid Audit and Compliance Unit (MMAC) to conduct an efficient review of the business entity's proposal, the proposal must meet the requirements as outlined in the Proposal Submission Requirements.

Section I: Forms

1. Provider Profile
2. Service Area Commitment (SAC) indicating the services and geographic areas (counties) the applying provider plans to serve.
3. Business Organizational Structure (BOS) and all required documents as indicated by the section of the form completed.

Section II: Business Documentation

1. Notification from the Internal Revenue Service of the business entity's Federal Employer Identification Number.
2. Notification from the Missouri Department of Revenue of the business entity's Missouri Employer Identification Number.
4. The e-mailed verification of registration received from the Missouri Office of Administration (OA) (https://www.moolb.mo.gov/ Glue/default.asp). Minimum registration required is “Standard” (no fee). Do not submit anything if the name, address and federal employer identification number are already registered with OA.
5. Business license. If not required to be submitted, submit a statement of explanation.
6. Lease agreement or deed for the office location.

Section III: Insurance and Bonding

1. A Certificate of Insurance that meets the requirements of 19 CSR 15-7.021. The certificate holder must be DSS-MMAC, PO Box 6500, Jefferson City, MO 65102.
2. Employee Dishonesty Bond that meets the requirements of 19 CSR 15-7.021.

Section IV: Business Plan

Applying providers must assure the MMAC that sufficient financial resources exist to provide continuous service to participants. The use of a business plan will help entities manage their business and ensure financial stability. For assistance in developing a business plan, contact the Missouri Business Assistance Center (MBAC) at 573/751-2863 for a complete start-up package or information is available on their website at www.missouribusiness.net. At a minimum, the Business Plan must include the following information:

Company - Correct legal name of entity as filed with the Missouri Secretary of State, Internal Revenue Service (“IRS”) and Missouri Department of Revenue (“DOR”) and used throughout the proposal. Description of the entity including if it is new or existing, its history, purpose, etc.

Office/Plant - Office address and description of area and building. State whether the office is rented, leased or owned. If the business is located in a home, describe the space that is dedicated exclusively for business. Describe how the location meets the Americans with Disabilities Act’s accessibility requirements.

Personnel - Describe how employees will be recruited to provide direct care.
  - Describe how employees will be recruited for administrative and billing functions.
  - Describe the prior experience, education and professional certifications/designations that qualify management to run this type of business.

Marketing - Describe the local market for this service.
  - Describe the methods to be used to obtain participants in this market.
Describe what efforts, if any, will be used to expand beyond the local market.

Describe what kind of payments that will be sought (Medicaid, Medicare, private pay, etc.).

**Financial Management** – Describe a plan for management of the financial resources of the entity.

- Describe the qualifications of the person(s) handling the financial matters of the entity. Include the name(s) of the individual(s).
- Include a budget for starting the business and projected operating costs for the first year of operation.
- Identify the sources of revenue to be used to start and maintain the business.

**Section V: Training**

1. A detailed training plan for new aides that meets the requirements of 660.050, RSMo; 19 CSR 15-7.021; 13 CSR 70-91.010; and Section 13 of the MO HealthNet Division Personal Care and Aged and Disabled Waiver Provider Manuals. Do not submit training materials to be used.
   - Fully describe each section of the required training. Break out each section and provide a copy of the agendas with topic start and stop times. Agendas must include a short description of each topic.

2. If offering Advanced Personal Care, a detailed training plan for aides that will deliver Advanced Personal Care that meets the requirements of 13 CSR 70-91.010.
   - Provide a copy of the agenda with topic start and stop times. Agendas must include a short description of each topic. Fully explain task training.

3. A detailed in-service training plan that meets the requirements of 19 CSR 15-7.021; 13 CSR 70-91.010; Section 13 of the MO HealthNet Division Personal Care and Aged and Disabled Waiver Provider Manuals.
   - Include a training schedule and a short description of each topic. Include the procedures for ensuring all staff meet the attendance requirements.

4. Fully explain the procedures for waiving training in compliance with the requirements of 19 CSR 15-7.021; 13 CSR 70-91.010; Section 13 of the MO HealthNet Division Personal Care and Aged and Disabled Waiver Provider Manuals.

5. Fully explain the documentation of training provided in compliance with 19 CSR 15-7.021 and 13 CSR 70-91.010.

**Section VI: Policies and Procedures**

1. Policy and procedures for telephone contact with state agencies and participants during business hours and after business hours in compliance with the Program Requirements.

2. Policy and procedures for notifying participants of any changes in provider’s telephone number, address, and/or posted business hours in compliance with the Program Requirements.

3. Policy and procedures regarding elder abuse, neglect and exploitation including identification and reporting in compliance with 660.250 - 660.320, RSMo; 565.188, RSMo; 19 CSR 15-7.010; 19 CSR 15-7.021, Section 13 of the MO HealthNet Division Personal Care Provider Manual and the Program Requirements.

4. Policy and procedures for preventing and detecting conduct or actions that are improper or abusive of the MO HealthNet program, including reporting or resolution of improper or abusive conduct in compliance with 13 CSR 70-3.030. Improper conduct or actions include, but not limited to, misappropriation of participant property and/or funds, falsification of service delivery documents, falsification of agency records, etc.

5. Policy and procedures for informing participants and/or their representatives, and employees of the Client Rights, Code of Ethics and confidentiality statement in compliance with 19 CSR 15-7.021 and Section 13 of the MO HealthNet Division Personal Care Provider Manual. The confidentiality statement must include both personal and medical information. Include a copy of the Client Rights, Code of Ethics and confidentiality statement to be distributed.

6. Policy and procedures for providing services to participants in compliance with 19 CSR 15-7.021. Include services that are prohibited.

7. Policy and procedures for performing nurse assessments/visits including the duties that must be performed in addition to the assessment of the participant in compliance with 13 CSR 70-91.010.

8. Policy and procedures for closing or discontinuing services to participants in compliance with 19 CSR 15-7.021 and 13 CSR 70-91.010.

9. Policy and procedures regarding staff providing services to their family members, residing with participants and transporting participants in compliance with 19 CSR 15-7.021 and Section 13 of the MO HealthNet Division Personal Care Provider Manual. Include procedures for education, prevention, detection and reporting violations.


12. Policy and procedures, including the hiring and continuing education requirements, for employing a designated manager in compliance with 19 CSR 15-7.021 and 13 CSR 70-91.010.

MMAC contracts with providers to deliver in-home services to the most vulnerable residents in the state. The premise of the contractual agreement is that the health, safety and welfare of the state's participants will not be compromised and the provision of in-home services will be a safe alternative to more costly care. In an effort to maximize protection, certain individuals are prohibited from serving as employees or volunteers in the delivery of in-home services. Screening requirements are located in the statutes and regulations listed in In-Home Services' General Information. It is the responsibility of the provider to ensure prospective employees are screened sufficiently to fulfill this expectation as evidenced by the provider's policies and procedures submitted for items #13 through #16.

13. Policy and procedures for ensuring employees are registered, screened and employable per the Family Care Safety Registry (FCSR) and criminal background record checks are performed in compliance with 660.317, RSMo; 210.900 – 210.936, RSMo and 19 CSR 30-82.060.

14. Policy and procedures for screening employees against the Employee Disqualification List (EDL) in compliance with 660.315, RSMo and the Program Requirements.

15. Policy and procedures for maintaining documentation of FCSR, criminal background record and EDL screenings in compliance with 19 CSR 15-7.021 and the Program Requirements.

16. A copy of the employment application that must be completed prior to participant contact. The application must be in compliance with 660.317, RSMo; 19 CSR 15-7.021; Section 13 of the MO HealthNet Division Personal Care Provider Manual and the Program Requirements.

**Section VII: Assurances**

1. Complete both pages of the In-Home Services Assurances form. No additional documentation needs to be submitted with this form. However, applying provider’s policies and procedures must incorporate the assurances noted in items #4 through #22.

**Section VIII: Staff Documentation**

1. A current employment application or resume, any license(s) or degree(s) and the Certified Manager certificate for the Designated Manager. If the Certified Manager certificate was received more than twenty-four (24) months prior to the submission of this proposal, submit verification of attendance of annual division sponsored training.

2. A current employment application or resume, license(s), and degree(s) for the RN Supervisor.

3. A copy of the MMCAC Provider Contracts Registration and Screening Request form for each of the following. The original forms must be submitted to the (FCSR) at the address listed on the form.
   - Director
   - Designated Manager
   - Registered Nurse Supervisor
   - Each individual listed on the Business Organizational Structure

**SUBMIT THE COMPLETED PROPOSAL TO**

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