



**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF HOME CARE AND REHABILITATIVE STANDARDS**

APPLICATION TO OPERATE A PRESCRIBED PEDIATRIC EXTENDED CARE FACILITY (PPEC)

INITIAL APPLICATION APPLICATION /CHANGE UPDATE CHANGE OF OWNERSHIP

In accordance with the requirements of the Missouri State Agency, Licensing Authority (192.2550-192.2560, RSMo), application is hereby made for a license to conduct and maintain a Prescribed Pediatric Extended Care Facility to operate in accordance with 192.2550-192.2560, RSMo, 19 CSR 30-110.010, 19 CSR 30-110.020 and 19 CSR 30-110.030.

THIS INFORMATION WITHOUT FURTHER VERIFICATION, WILL BE PROVIDED TO THE MEDICAID OFFICE AND WILL BE USED TO UPDATE THE STATE AGENCY DIRECTORY.

LEGAL NAME OF FACILITY

DOING BUSINESS AS NAME (IF APPLICABLE)

TELEPHONE NO

OPERATING ADDRESS (STREET, CITY, STATE, ZIP)

COUNTY

MAILING ADDRESS

CENTER DIRECTOR NAME

CENTER DIRECTOR EMAIL ADDRESS

DIRECTOR OF NURSING NAME

OWNERSHIP AND MANAGEMENT (CHECK ONLY ONE)

GOVERNMENTAL

- COUNTY
- CITY-COUNTY
- CITY
- DISTRICT

NON-GOVERNMENTAL

- NON-PROFIT
- CORPORATION
- OTHER (EXPLAIN)
- PROPRIETARY
- INDIVIDUAL LLC
- PARTNERSHIP
- LLC
- CORPORATION

IF OPERATED BY MANAGEMENT CONSULTANT, NAME OF FIRM

PLEASE NOTE: THE PPEC MUST HAVE CURRENT LICENSURE BY THE MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION (DESE)

NAME OF CHILD CARE CENTER UNDER WHICH PPEC OPERATES IN ACCORDANCE WITH 5 CSR 25-500.010

DESE DVN #

PPEC DAYS AND HOURS OF OPERATION

PPEC (ANTICIPATED) CAPACITY

FLOOR OF BUILDING USED FOR PPEC ELIGIBLE CHILDREN

PLEASE CHECK EACH MULTI-DISCIPLINARY SERVICE BELOW TO CONFIRM THE PPEC CAN PROVIDE THE SERVICE IF REQUIRED FOR THE ELIGIBLE CHILD

- SKILLED NURSING
- NUTRITIONAL ASSESSMENT
- SPEECH THERAPY
- OCCUPATIONAL THERAPY
- PERSONAL CARE
- DEVELOPMENTAL ASSESSMENT
- PHYSICAL THERAPY

Attestation

The Center Director acknowledges they have read the foregoing application and that the statements contained therein are correct and true to the best of their knowledge; and further gives assurance of the ability and intention of the facility to comply with the regulations promulgated under the Missouri PPEC law 192.2550-192.2560, 19 CSR 30-110.010, 19 CSR 30-110.020 and 19 CSR 30-110.030.

It is further agreed the facility will comply with all recommendations for correction and/or improvements as contained in the most recent Licensing Survey Report prepared by the Department of Health and Senior Services and submitted to said facility.

Signature of Center Director

Date

Additional documentation to be submitted with this application:

- A copy of the License to Operate a Group Child Care Home or Child Care Center;
- A chart or description of the lines of administrative authority,
- Current copy of registration with Missouri Secretary of State Office;
- The most recent fire inspection report;
- The most recent sanitation inspection report; and, if applicable:
 - The terms of any discipline applicable to the License to Operate a Group Child Home or Child Care Center; and
 - Copies of any variances granted by DESE to regulations under 5 CSR 25.

If the applicant does not have an active license to operate a Group Child Care Home or Child Care Center, the applicant shall include evidence of a pending application for said license.

RETURN THIS COMPLETED FORM (WITH ADDITIONAL REQUIRED DOCUMENTATION) TO:

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
ATTN: BUREAU OF HOME CARE AND REHABILITATIVE STANDARDS
PO BOX 570
JEFFERSON CITY, MO 65102