

**Title 19 – DEPARTMENT OF HEALTH AND
SENIOR SERVICES
Division 30 – Division of Regulation and Licensure
Chapter 105 – Supplemental Health Care Services Agency**

PROPOSED RULE

19 CSR 30-105.030 Procedures and Requirements for Registration of a Supplemental Health Care Services Agency

PURPOSE: This rule specifies the minimum requirements for registration and renewal of a Supplemental Health Care Services Agency in Missouri.

- (1) No person shall establish, conduct, or maintain a supplemental health care services agency in this state without a valid registration issued by the department.
- (2) Each supplemental health care services agency providing, procuring, or engaging health care personnel for temporary employment in Missouri health care facilities must submit a registration application and fee. The Application for Registration to Operate a Supplemental Health Care Service Agency (“Application”), included herein, shall be completed and submitted to the department with the fee required by 19 CSR 30-105.020. Information provided in the application shall be attested by signature to be true and correct to the best of the applicant’s knowledge and belief.
- (3) Each separate business location from which the agency operates in Missouri shall have a separate application.
- (4) The application shall include:
 - (A) Agency information, including:
 1. The agency’s legal or registered fictitious name, addresses, telephone number, fax number, e-mail address, and responsible contact person;
 2. Indication of whether the Application is the result of a new registered agency or renewal of an existing agency’s registration; and
 3. The agency’s days and hours of operation.
 - (B) Owner Information, including:
 1. Owner name(s), federal employer identification number(s) or social security number(s), state tax identification number, mailing address, and contact information;
 2. Type of owner’s legal entity;
 3. All controlling persons in the ownership of the agency, including each individual or entity name, title or position, personal or primary address, telephone number, federal employer identification number or social security number, and percentage of ownership;

4. If the owner is a legal entity, include copies of the articles and current bylaws, together with the names and addresses of officers, managers, members, or directors.

(C) Operator information, including:

1. Operator name, mailing address, and contact information;
2. Type of operator's legal entity;
3. All controlling persons in the operation of the agency, including each individual or entity name, title or position, personal or primary address, telephone number, federal employer identification number or social security number, and percentage of ownership;
4. List any other supplemental health care services agencies in which the operator owns or operates and provide the agency's name, address, type of registration and registration number.

(D) Financial Information, including:

1. Proof of financial responsibility through one of the following methods documenting at least four weeks of back wages per employee:
 - A. Establishing and maintaining an escrow account consisting of cash or assets eligible for deposit; or
 - B. Obtaining and maintaining an unexpired irrevocable letter of credit established. Such letters of credit shall be nontransferable and nonassignable and shall be issued by any bank or savings association organized and existing under the laws of this state or the United States;
2. Name and address of the bank, savings bank, or savings association in which the agency will deposit the agency's employee's income tax withholdings. If the agency is not responsible for employee income tax withholding, the agency shall provide the name and address of each personnel for whom income taxes will not be withheld; and
3. Additional proof of stable or satisfactory financial condition, as specifically requested by the department. This additional documentation shall be submitted within ten (10) business days of receipt of the written request.

(E) Other information, including:

1. Provide proof that the agency or that the health care personnel has medical malpractice insurance (professional liability insurance is acceptable), as required by section 198.644.1(4), RSMo;
2. Provide proof of current worker's compensation coverage as required by Missouri law, Chapter 287 RSMo, or if the personnel are independent contractors, provide proof of occupational accident insurance;

(F) Affidavit, including the following attestations:

1. That the individual or operating entity has adequate financial resources to properly operate the agency referred to in the application.

2. That the agency is familiar with the requirements of a supplemental health care services agency as set out in Chapter 198 of the Missouri Revised Statutes and the regulations of the Department of Health and Senior Services promulgated thereunder;
3. That the agency does not restrict in any manner the employment opportunities of its health care personnel;
4. That the agency refrains in any contract with any health care personnel or health care facility from requiring the payment of liquidated damages, employment fees, or other compensation should the health care personnel be hired as a permanent employee of a health care facility;
5. That all health care personnel meet all licensing or certification requirements and all training and continuing education standards for the position in which the personnel would be working; and
6. That each health care personnel complies with requirements related to background checks in sections 192.2490 and 192.2495, RSMo.

- (5) An agency's registration is valid for one (1) year and shall expire on the annual anniversary of the date the registration was originally issued. If renewed, an agency's registration is valid for one (1) year and shall expire on the annual anniversary of the date the registration was last renewed.
- (6) An agency's renewal application must be received at least sixty (60) days prior to the expiration of the current registration.
- (7) An agency's registration is valid only for the entity and/or person identified on the registration issued at the address shown thereon and is not subject to sale, assignment, or other transfer.
- (8) An agency must send a copy of its current registration to any member of the general public upon request.

AUTHORITY: section 198.648, RSMo Supp. 2022. Original rule filed [date].

PUBLIC COST: This proposed amendment is estimated to cost state agencies or political subdivisions at least \$218,407 in the first year period and \$200,466 to \$205,389 annually thereafter.

PRIVATE COST: This proposed amendment is estimated to cost private entities between \$79,260 and \$31,704,000 per registered agency, annually.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with Alison Dorge, Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO 65102, or via email at Alison.Dorge@health.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*