

PROGRAM DESCRIPTION

Health and Senior Services **HB Section(s):** 10.700, 10.900

Health Standards and Licensure

Program is found in the following core budget(s):

	DRL Program Operations	DCPH Program Operations						TOTAL
GR	909,481	0						909,481
FEDERAL	1,694,163	0						1,694,163
OTHER	81,742	1,927						83,669
TOTAL	2,685,386	1,927						2,687,313

1a. What strategic priority does this program address?

To protect health and keep the people of Missouri safe.

1b. What does this program do?

- Consists of the Bureau of Home Care and Rehabilitative Standards (HCRS), Bureau of Ambulatory Care (BAC), and the Bureau of Diagnostic Services (BDS).
- Contracted by the Centers for Medicare and Medicaid Services (CMS) to conduct inspections of Home Health Agencies, Hospice Agencies, Outpatient Physical Therapy (OPT) Facilities, Comprehensive Outpatient Rehabilitative Facilities (CORF), Ambulatory Surgical Centers, End Stage Renal Dialysis (ESRD) Facilities, Clinical Laboratory Improvement Amendments (CLIA) Labs, Rural Health Clinics, mammography equipment, and radiology equipment in order to ensure compliance with state and federal regulations, while providing quality care and protecting/promoting the rights of the patients receiving care.
- Identifies violations of statute or regulation that are based on the provider's performance or practices. Examples of the most common violations include:
 - Patient Rights,
 - Nursing Services,
 - Organizational services, and
 - Infection Control.
- Educates providers and the general public regarding applicable federal and state requirements.

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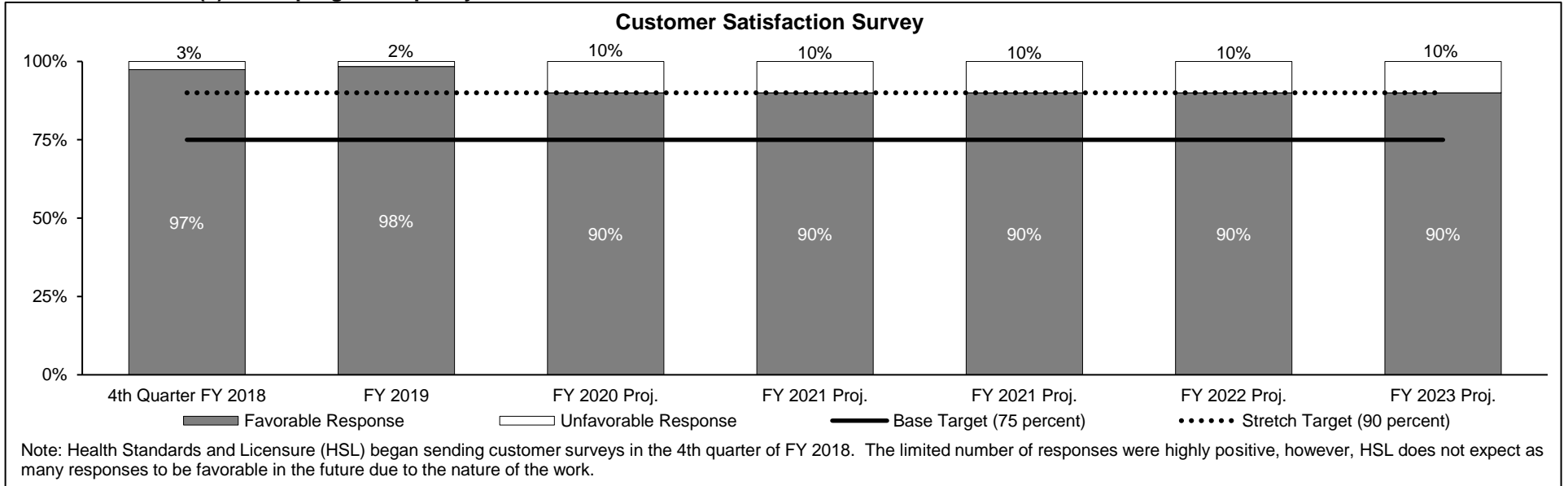
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Program is found in the following core budget(s):

2a. Provide an activity measure(s) for the program.

Agencies Regulated by Health Standards & Licensure

Year	Home Health	Hospice	Outpatient, PT, Speech Pathology	Comp Outpatient Rehab Facilities	Ambulatory Surgical Centers	Rural Health	CLIA	ESRD	Mammo-graphy	Radiology
FY 2018	170	115	35	2	121	361	5,727	168	177	2,074
FY 2019	161	112	35	2	123	361	5,770	172	169	1,911
FY 2020 Proj.	166	117	36	2	125	360	5,800	180	168	2,500
FY 2021 Proj.	171	122	37	2	125	350	5,800	190	168	2,600
FY 2022 Proj.	176	127	38	2	125	350	5,800	200	168	2,600

2b. Provide a measure(s) of the program's quality.



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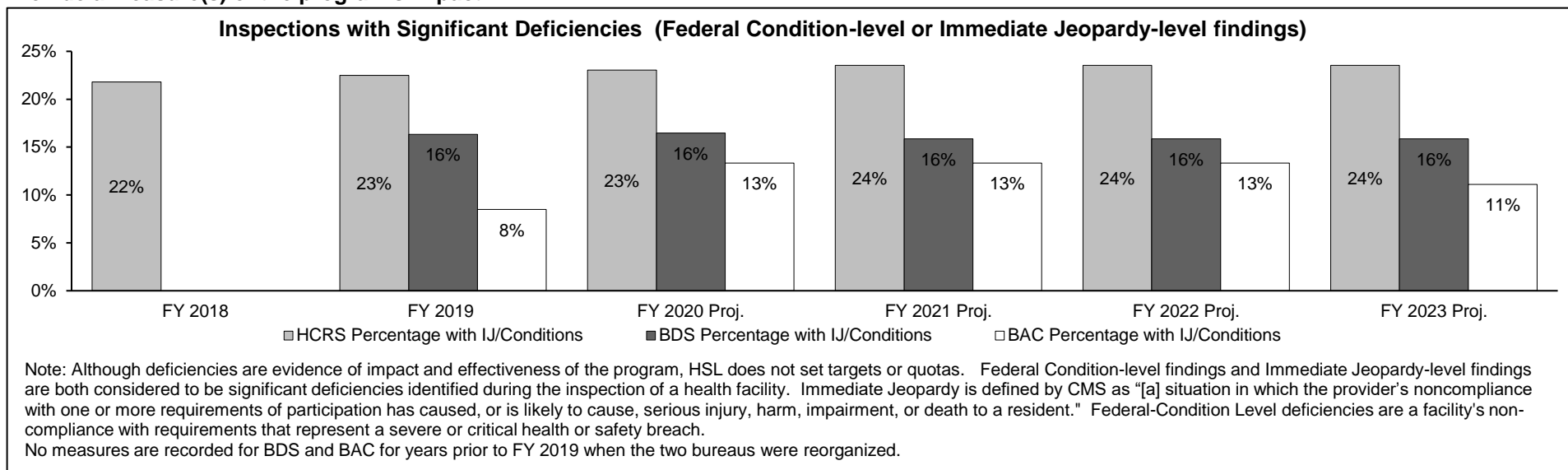
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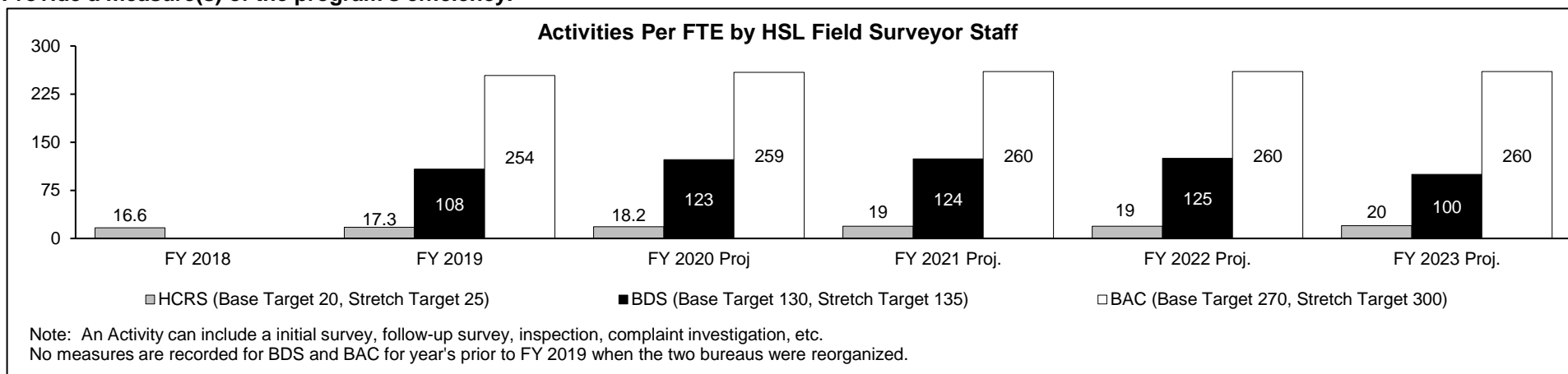
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2c. Provide a measure(s) of the program's impact.



2d. Provide a measure(s) of the program's efficiency.



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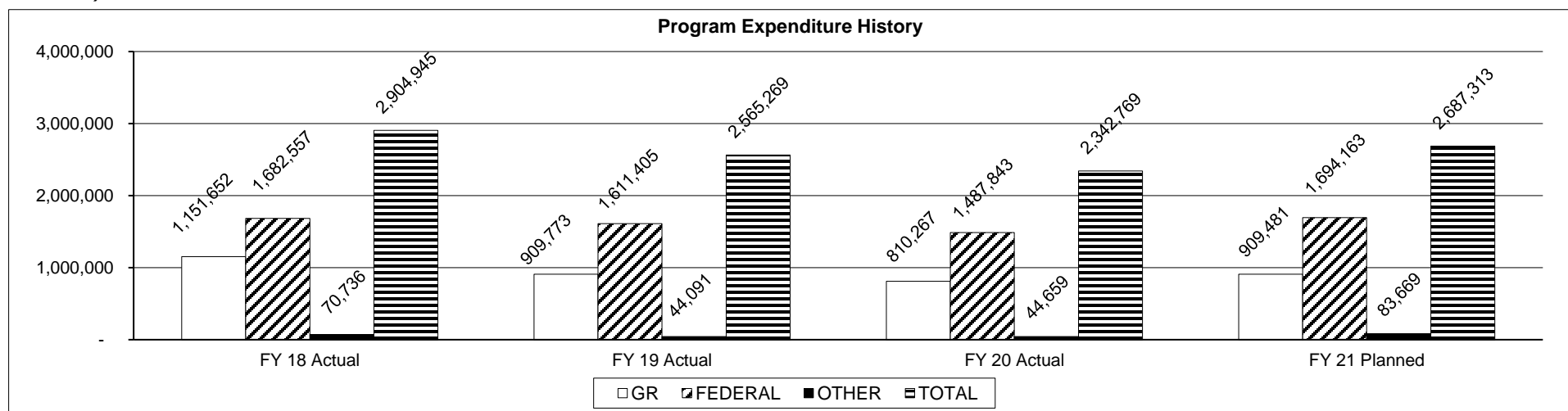
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3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Mammography (0293).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Chapter 197, RSMo; Sections 1861, 1864, 1891, and 1902 of the Social Security Act; 42 CFR 484.1 to 484.260; 42 CFR 418.1 to 418.405; 42 CFR 485.701 to 485.729; and 42 CFR 485.50 to 485.74 Federal Statutory and Regulatory Citations: Section 1864 of the Social Security Act; Mammography Quality Standards Act and 21 CFR 900.1 to 900.25; 42 CFR 488.1 to 488.211; 42 CFR 416.1 to 42 CFR 416.52; Clinical Laboratory Improvement Act Amendments; 42 CFR 493.1 to 493.2001; 42 CFR 482.1 to 482.104; and 42 CFR 494.1 to 494.180.

6. Are there federal matching requirements? If yes, please explain.

Yes, the program is required to match Medicaid (Title XIX) funds at a state match rate of 50 percent.

7. Is this a federally mandated program? If yes, please explain.

Yes, the federal government has guidelines as to the frequency of surveys performed to assure compliance. Each provider type has different federal mandates for survey frequency. Complaint investigations are conducted as needed.