



DEPARTMENT OF SOCIAL SERVICES  
MISSOURI MEDICAID AUDIT AND COMPLIANCE  
**TITLE XIX PARTICIPATION AGREEMENT FOR REASSESSMENTS**

BY MY SIGNATURE BELOW, I, THE APPLYING PROVIDER, HAS READ AND AGREE THAT, upon the acceptance of my enrollment, I will participate in the Vendor Payment plan for Reassessments. I am responsible for all administrative services provided and all billing done under my provider number regardless to whom the reimbursement is paid. It is my legal responsibility to ensure that the proper billing code is used regardless to whom the reimbursement is paid. I further agree to the following.

1. I (the provider) agree that it is my responsibility to comply with the Medicaid rules and regulations as required by the Department of Social Services (DSS), its unit and/or division and the United States Department of Health and Human Services in the delivery of administrative services and in submitting claims for payment. I understand that in my field of participation, I am not entitled to Missouri Medicaid reimbursement if I fail to so comply and that I can be terminated from the program for failure to comply.
2. The provider must maintain enrollment in the Medicaid Personal Care program, Aged and Disabled Waiver program, Independent Living Waiver program and/or Adult Day Care Waiver program. Failure to maintain enrollment in either of these programs or failure to maintain residential care facility or adult day care licensure will automatically terminate this agreement.
3. All provider staff performing reassessments and training staff must meet the following experience and education requirements.
  - A Master's degree from an accredited college or university in social work, psychology, sociology, gerontology, nursing, health care administration, human resources, public or business administration, education, counseling, criminal justice or a closely related social or behavioral science. OR
  - A Registered Nurse (RN) who is licensed and in good standing in Missouri; OR
  - One or more years of experience as an Adult Protective and Community Worker I, Social Service Worker I or Children's Service Worker I with the Missouri Uniform Classification and Pay System; OR
  - A Bachelor's degree from an accredited college or university in social work, psychology, sociology, gerontology, nursing, health care administration, human resources, public or business administration, education, counseling, criminal justice or a closely related social or behavioral science; AND one or more years of professional experience in the delivery or coordination of social, protective, medical, mental health, or rehabilitative services for senior or disabled adults, children, or families in a public or private agency. (24 earned graduate credit hours from an accredited college or university in the specified areas may substitute for one year of the required experience.)
4. In addition to the experience and educational requirements outlined in paragraph 3 above, provider staff performing assessments must attend training presented by a Certified Reassessment Trainer. Required training topics include Medicaid eligibility, programs/services, InterRAI, proper documentation and person centered care planning. A score of 80% or greater must be received on the post training test. Documentation of the training must be maintained by the provider and include training dates, date the post training test was passed, topics covered, number of hours, location, signature of trainee, signature of trainer and the date the trainer attended the Train the Trainer class.
5. In addition to the experience and educational requirements outlined in paragraph 3 above, Certified Reassessment Trainers must be employed by a Medicaid enrolled personal care, aged and disabled waiver, home delivered meals or adult day care provider. Trainers must attend and pass a Train the Trainer class provided by the Department of Health and Senior Services, Division of Senior and Disability Services (DSDS) (<https://webapp03.dhss.mo.gov/snapwebhost/surveylogin.asp?k=133520691159>). A score of 80% or greater must be received on the post training test. A copy of the certificate received from the DSDS for passing the post training test must be maintained in the trainer's personnel file.
6. Certified Reassessment Trainers can train staff of their own agency as well as staff from other Medicaid enrolled personal care, aged and disabled waiver or adult day care providers. It is the provider's responsibility to verify if a person is qualified to provide training by checking the list of Certified Reassessment Trainers at <http://health.mo.gov/seniors/hcbs/>.
7. For previously trained staff hired by a provider, in addition to all other hiring and training requirements, the provider must verify prior assessor and/or Train the Trainer training. See the above website for a list of Certified Reassessment Trainers that have successfully completed Train the Trainer training. For assessor staff, the provider must verify the training with the previous provider. Documentation of all verification must be maintained in the employee's personnel file and include the name, address and phone number of the provider and trainer that provided the training and administered the test, date the test was passed, summary of content and number of hours.
8. Utilization of any person to train or perform assessments in violation of these provisions shall constitute a material breach of this agreement. Reimbursement for any services provided in breach of these provisions shall not be made by the Missouri Medicaid program and any reimbursement for services performed in violation of these provisions shall be repaid to the Missouri Medicaid program.
9. All reassessments must be conducted using assessment tools provided by the DSDS.

10. The provider must maintain internet access, enroll in CyberAccess and register for SharePoint. CyberAccess is the system that is utilized for the data entry of the reassessment information. For information on CyberAccess, go to <http://health.mo.gov/seniors/hcbs/> and then choose HCBS Web Tool Instructional Guide. SharePoint registration is required in order to obtain the list of participants to be reassessed by the provider agency. Register for SharePoint at <https://webapp03.dhss.mo.gov/snapwebhost/surveylogin.asp?k=133642580427>.
11. The rate of reimbursement for services will be based on charges established and determined by the MO HealthNet Division.
12. If at any time state or federally appropriated funds available to the MO HealthNet Division for payment to the provider for covered services under this agreement are insufficient to pay the full amount due, the provider agrees to accept payments reduced in proportion to the funding deficiency.
13. The provider agrees that the selection of an electronic or internet claim processing method in no way modifies any requirements of the Missouri Medicaid program policies and procedures except those dealing with claim submission. All data elements required by DSS for paper claims are required for claims submitted electronically. Those claims not meeting required specifications will not be processed.
14. No collection for the administrative services provided will be made from the participant, his or her spouse, parent, guardian, relative or anyone else receiving public assistance.
15. All providers are required to maintain fiscal and medical records to fully disclose services rendered to Title XIX Medicaid recipients. These records shall be retained for five (5) years, and shall be made available on request by an authorized representative of the DSS, Department of Health and Senior Services or the U.S. Department of Health and Human Services. Documents retained must include all records and documents required by applicable regulations and Medicaid manual and bulletin provisions. All services billed through the Medicaid program are subject to post-payment review. This may include unannounced on-site review of records. Failure to submit or failure to retain documentation for all services billed to the Medicaid program may result in recovery of payments for Medicaid services and may result in sanctions to the provider's Medicaid participation.
16. The provider, contractor, its employees or subcontractors pursuant to this Agreement, shall comply with all applicable provisions of state and federal laws and regulations and all subsequent amendments thereto:
  - a. The United States Civil Rights Act of 1964 (as amended), 42 U.S.C. 2000a-2000h)
  - b. The United States Civil Rights Act of 1964 (as amended), (Title VI; 42 U.S.C.2000d et seq.) (See also guidelines to Federal Financial Assistance Recipients regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons)
  - c. Section 504 of the Rehabilitation Act of 1973, (29 U.S.C. 794)
  - d. The Age Discrimination Act of 1975, (42 U.S.C. 6101, et seq.)
  - e. The Omnibus Budget Reconciliation Act of 1981
  - f. The Americans with Disabilities Act of 1990, (42 U.S.C.12101 et seq.)
  - g. Executive Orders 11246 and 11375, (Equal Employment Opportunity) and Executive Order 13166 (2000), (Improving Access to Services for Persons with Limited English Proficiency)
  - h. The Missouri Human Rights Act (Mo. Rev. Stat. Chapter 213)
17. The provider, contractor or subcontractor may not, on the grounds of race, color, national origin, creed, sex, religion, age or disability exclude persons from employment in, deny participation in, deny benefits to, or otherwise subject persons to discrimination under the Medicaid program or any activity connected with the provision of Medicaid services.
18. Medicaid participation as a provider of Home and Community Based Services administrative functions under this agreement may be terminated by either party upon written notice mailed to either the provider's most recent address recorded in the Medicaid provider enrollment files or with the Missouri Medicaid Audit and Compliance Unit. The written notice shall state the reason(s) for the termination. Such reason(s) could include the provider being in violation of (a) this agreement, (b) Medicaid claim certification statement, (c) rules, regulations, policies or procedures of the DSS, its units and divisions or the Department of Health and Senior Services, DSDS, (d) state or local regulations or laws which also apply, i.e. fire codes and health codes, (e) termination of licensure, or (f) loss of Medicare status.

I understand that knowingly falsifying or willfully withholding information may be cause for termination in the Missouri Medicaid Program.

I certify that all of the information provided on this application is true and correct, and that I, the enrolling provider, am in compliance with all applicable federal and state laws and regulations. I further certify that I, the enrolling provider, will maintain compliance with all applicable federal and state laws and regulations, including any amendments to applicable laws and regulations.

I certify that neither I, nor any of the enrolling provider's employees, partners, officers or shareholders owning at least five percent (5%) of said provider are currently barred, suspended, terminated, voluntarily withdrawn as part of a settlement agreement or otherwise excluded from participation in the Medicaid or Medicare programs, nor are any of the above currently under sanction for, or serving a sentence for conviction of any Medicaid or Medicare program violations. I further certify that I am not currently nor have I ever been sanctioned by any federal agency for any reason. I authorize the DSS, Missouri Medicaid Audit and Compliance Unit to verify the information provided on this application with other state or federal agencies.

I hereby certify that I am an authorized signer of this document, that I am an individual or representative of the provider and a fully authorized agent to execute this agreement on behalf of the provider under authority granted by said provider.

SIGNATURE OF AUTHORIZED SIGNER	DATE SIGNED  / /
TYPE OR PRINT NAME OF AUTHORIZED SIGNER	TITLE OF PERSON SIGNING