

Community Living, Inc.'s In-Home Respite provider paperwork instructions.

1. Please have your potential provider complete the In-Home Respite Provider Agreement Page 2023 and the FCSR Worker Registration Form 2023.
 - a. Only have the provider complete the highlighted areas on the worker registration form.
 - b. No payment is necessary.
2. Please send the completed In-Home Respite Provider Agreement Page 2023 and the FCSR Worker Registration Form 2023 to Community Living, Inc's In-Home Respite management team along with a copy of the potential provider's social security card.

THIS FORM IS REQUIRED

IN-HOME RESPITE(IHR) PROVIDER PROCEDURES AND AGREEMENT

Community Living, Inc. provides In-Home Respite Services to families who qualify for this service, enabling families to have choices when selecting respite providers. You have been selected to be a respite provider by a family and/or have requested to be considered as a public provider. Families are reimbursed for their eligible expense when they retain an approved In-Home Respite provider; therefore, you have an obligation and responsibility to adhere to the rules and conditions as outlined in this procedure form. Violations of these rules and conditions may result in termination as an eligible provider. If monetary fraud is determined, Community Living, Inc. reserves the right to take legal action.

THE PROVIDER

- The Provider must be at least 16 years old and maintain an updated phone number and address on file with Community Living, Inc. The Provider record is subject to being closed without notice if Community Living, Inc. is unable to contact the Provider by letter or phone due to having incorrect or outdated information.
- The Provider cannot be receiving services from Community Living, Inc.'s IHR.
- The Provider cannot be the client's biological parent or guardian or anyone living in the family's home.
- The Provider must complete the required paperwork (Community Living, Inc. Provider Form and Worker Registration form), and; be registered with the Missouri Family Care and Safety Registry (FCSR), with a copy of the background check on file prior to providing a service for a family.
- Community Living, Inc. will complete the background check through Missouri FCSR. Annually, at no charge to the Provider. The Provider's social security card is required in order to complete the background check.
- The Provider must pass the background screening through the Missouri FCSR annually, which means that the person cannot have a felony charge or a misdemeanor against a person.
- Random audits are conducted monthly in which the Provider will be asked questions pertaining to the IHR service that they provided a family. The Provider is expected to return all phone calls from Community Living, Inc. within a reasonable time frame. Any false information provided to Community Living, Inc., will be considered grounds for dismissal from being an IHR Provider.
- The Provider is a mandated reporter under Missouri Law and is therefore required to report any suspicion of abuse or neglect to the following Hotline Number: 1-800-392-3738.
- Public providers agree to have their contact information shared with eligible In-Home Respite families, whereas private providers do not.

Documentation

- The Provider must print and sign his or her name on the reimbursement form to verify that the information is true and accurate regarding the dates, times, and, amount paid for each date of service.
- The reimbursement form must be signed in ink by the Provider and parent/guardian.

Reimbursement

- The provision of IHR services is not to be used while the parents/guardians are working which includes drive time to/from work, business trips, etc. This is considered daycare services and the parent/guardian is responsible for this expense.
- When there is more than one child receiving respite services, each child should have their own reimbursement form.
- The amount reimbursed to the family will be held if a bi-monthly review is in place until the Provider and/or customer's parent/guardian has made contact with Community Living, Inc. at our request
- The amount paid to the provider is between the family and the provider, but must be no more than the maximum permitted by Community Living, Inc. policy.

Attestations

- I have been made aware and understand the procedures for Community Living, Inc.'s IHR Program.
- I agree to abide by the procedures listed above.
- I acknowledge and agree that I am an independent contractor and that the family for which I provided a service is solely responsible for paying me as the Provider; and that Community Living, Inc. is not in any manner responsible for such payment.
- I acknowledge that I am not an employee of Community Living, Inc., and am only listed as a Provider that makes the family eligible for reimbursements through Community Living, Inc.
- I have completed the attached Missouri FCSR Registration Form, along with a copy of my social security card. I understand annual background screenings are required.
- I understand that I have a responsibility and obligation to adhere to the above rules and conditions. Violations of these rules and conditions may result in my termination as an eligible Provider. If monetary fraud is determined by Community Living, Inc. I understand that Community Living, Inc. reserves the right to take legal action.
- At the family's request, a copy of the background checks results will be provided to the family.

What is your relationship to the individual receiving services? _____

Are you a public provider? Yes _____ No _____

If no, please identify the individual(s) for which you will provide services: _____

Signature of Respite Provider

Printed Name

Phone Number: _____

Email(Required): _____

Date: _____



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
FAMILY CARE SAFETY REGISTRY
WORKER REGISTRATION

FCSR USE ONLY

Register online at www.health.mo.gov/safety/fcsr OR mail this form, copy of Social Security card, and payment to Missouri Dept of Health and Senior Services, Fee Receipts, PO Box 570 Jefferson City, MO 65102. Register only once!

REGISTRATION TYPE (Check all that apply. Complete column on right only if Long Term Care/Personal Care selected from left.)

☐ Adoptive Parent

Agency Name: _____

☐ Child Care

☐ Missouri Foster Parent/Family Member of Foster Parent

Children's Division County Office: _____

☐ Hospital

☐ Long Term Care/Personal Care (Please choose subcategory at right ▶.)

☐ Mental Health/Psychiatric Hospital

☒ Voluntary (Select voluntary if no other registration type applies.)

A one-time registration fee of **\$15.00** applies to all categories except Missouri Foster Parents, who must list the Missouri Children's Division county office.

Have you or an immediate family member ever served in the U.S. Armed Forces? ☐ Yes ☐ No

If Yes, would you like information about military-related services in Missouri? ☐ Yes ☐ No

SOCIAL SECURITY NUMBER (Mail copy of card with form.)

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Long Term Care / Personal Care Subcategories
(Complete if LTC/PC selected at left.)

☐ Adult Day Care

☐ Assisted Living Facility

☐ Hospice

☐ Hospital LTAC/Swing Bed

☐ Mental Health – Residential Facility/ICF

☐ Nursing Facility/Skilled Nursing

☐ Personal Care – Home Health

☐ Personal Care – In-Home Services

☐ Personal Care – Consumer Directed

Services/Center for Independent Living

☐ Personal Care – HCY/PDW/DDD/Other

PERSONAL INFORMATION (Provide all names you have used, starting with most recent. Include legal names and nicknames.)

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX (JR., SR., II, III)
BIRTH NAME (LIST FULL NAME)		PRIOR NAMES USED (IF APPLICABLE, LIST FIRST AND LAST NAMES.)	DATE OF BIRTH (MM-DD-YYYY)
			GENDER <input type="checkbox"/> M <input type="checkbox"/> F

CONTACT INFORMATION

MAILING ADDRESS (ENTER YOUR STREET ADDRESS OR POST OFFICE BOX. THIS ADDRESS MUST BE DIFFERENT FROM EMPLOYER ADDRESS.)

CITY	STATE	ZIP CODE	COUNTY
TELEPHONE	EMAIL ADDRESS (REQUIRED)	COUNTRY (COMPLETE ONLY IF OUTSIDE U.S.)	

EMPLOYER ASSOCIATED WITH THIS REGISTRATION (Complete either left or right column, not both.)

☐ My current/potential child care, long term care or mental health care employer is:

☒ No Employer, because I am a(n):

EMPLOYER NAME

N/A

EMPLOYER ADDRESS

N/A

EMPLOYER CITY

N/A

STATE

N/A

ZIP

EMPLOYER TELEPHONE

EMPLOYER CONTACT NAME

N/A

EMPLOYER CONTACT TITLE

N/A

☐ Adoptive Parent

☐ Foster Parent/Family Member

☐ Home Child Care Provider

☐ Private Pay/Private Duty

☐ Student

☒ Volunteer

☐ Other (Explain: _____)

REGISTRATION AGREEMENT

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission for the Missouri Department of Health and Senior Services (DHSS) to obtain any and all background information authorized by law to process this request. Furthermore, I authorize the DHSS to release the fact that I am a registrant in the Family Care Safety Registry (FCSR) and any related background information to the requester of the FCSR for employment purposes only, as provided in §210.921, subsection 1, subdivisions (1) and (2), RSMo. For purposes of the FCSR, "employment purposes" includes direct employer/employee relationships, prospective employer/employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child care, elder care or personal care setting. I understand that if I dispute the information contained in the FCSR I have the right to appeal the accuracy of the transfer of information to the FCSR within thirty (30) days of receiving the results of the background screening.

NOTICE: The FCSR may choose to deposit the check enclosed electronically as an ACH debit entry to my designated bank account. I understand that my signature below authorizes my financial institution to deduct this payment from my account. In the event that DHSS or its subcontractor is unable to secure funds from my account or I provide insufficient or inaccurate information regarding my account, my obligation to the DHSS will remain unpaid and further collection action may be taken by the DHSS or its subcontractor, including, but not limited to, returned check fees.

SIGNATURE OF APPLICANT

DATE OF SIGNATURE (MUST BE WITHIN SIX MONTHS OF SUBMISSION.)

WHAT IS THE FAMILY CARE SAFETY REGISTRY?

The Family Care Safety Registry (FCSR), administered by the Missouri Department of Health and Senior Services (DHSS), provides families and employers with a method to obtain background screening information. The Registry, through various state agencies, offers several resources to screen child care, long term care and mental health workers:

- State criminal history and sex offender registry records maintained by the Missouri State Highway Patrol
- Child abuse/neglect records maintained by the Missouri Department of Social Services
- The Employee Disqualification List maintained by the Missouri Department of Health and Senior Services
- The Employee Disqualification Registry maintained by the Missouri Department of Mental Health
- Child care facility licensing records maintained by the Missouri Department of Elementary and Secondary Education
- Foster parent records maintained by the Missouri Department of Social Services

WHO HAS TO REGISTER?

Any person hired on or after January 1, 2001, as a child care worker or elder care worker, hired on or after January 1, 2002, as a personal care worker, or hired on or after January 1, 2009, as a mental health worker, as provided in §210.906, RSMo, is required to make application for registration in the Family Care Safety Registry within fifteen (15) days of the beginning of employment. **Such person who fails to submit a completed registration form to the DHSS without good cause, as determined by the department, is guilty of a class B misdemeanor.** Employees and volunteers from non-state and/or federally regulated entities are NOT REQUIRED to register with the FCSR.

HOW DO I COMPLETE THE REGISTRATION FORM?

Registration Type – Check at least one box from the left column for type of registration that best describes your worker category. If no other type applies, select "Voluntary." (A "voluntary registrant" is a person who is not mandated to register with the Family Care Safety Registry pursuant to §210.900 et seq., RSMo.) If you checked Long Term Care / Personal Care, please also make one or more selections from the column on the right for subcategory.

Social Security Number – You must provide your Social Security number pursuant to 19CSR 30-80.030(1). This identifying information, including Social Security number, will be used for internal identification purposes and to conduct background screenings for the resource information listed in paragraph one above.

Personal Information – List your current Last Name, First Name, Middle Name, and any suffix associated with your last name. List any other names by which you may have been known, including maiden names, past married names, and nicknames (attach additional sheets if needed). For identification purposes, list your gender and date of birth.

Contact Information – List your address, city, state, ZIP code, and county. Include your telephone number and email address. We will use this information to notify you of registration results and any background screenings conducted. Email notifications will be encrypted for improved security. To reduce postage costs, the Registry may contact you to request a personal email address if one is not provided.

Employer Associated with this Registration – If you are currently employed by or are seeking employment with a child care or long term care provider, please list the facility name, address, telephone number, and contact person. If registration is not for employment purposes, make a selection from column on right. The employer entered in this section will not receive a copy of the registration notification. **Employers eligible to use the Registry for caregiver screenings must make a separate request for your background information.**

Registration Agreement – Sign and date the registration form. Your signature will authorize the Family Care Safety Registry to conduct the background screening outlined in §210.903.2, RSMo and to provide the information to requesters for employment purposes, as provided in §210.921.1, RSMo.

WHERE DO I SEND MY REGISTRATION FORM?

Send your completed registration form and photocopy of Social Security card and required fee to the **Missouri Department of Health and Senior Services, ATTN: Fee Receipts, P.O. Box 570, Jefferson City, MO 65102.** If you have questions, please call the Registry using the toll-free telephone number, 866-422-6872.

WHEN WILL I KNOW THE RESULTS OF MY BACKGROUND SCREENING?

After the background screening has been completed, you will be notified in writing of the results that will be recorded in the Family Care Safety Registry. You will also be notified in writing each time background screening information is provided. The notification will contain the name and address of the person who made the request and the background information disclosed. The person making the request will be informed that information will be released for employment purposes only, pursuant to §210.921.1, RSMo. Any person using Registry information for any other purpose is guilty of a class B misdemeanor. In addition, state agencies can request information for licensure or regulatory purposes. Prior to disclosing information, the Registry obtains the name and address of the requester, and determines that the request is for employment or regulatory purposes. To ensure you receive these notifications, it will be important for you to notify the Family Care Safety Registry when you have a change in your contact information. Notify the Family Care Safety Registry of changes in personal or contact information using the toll-free telephone number, 866-422-6872, by email to fcsr@health.mo.gov, or by mail to FCSR, PO Box 570, Jefferson City, MO 65102.

WHAT IF I DON'T AGREE WITH THE RESULTS OF MY BACKGROUND SCREENING?

As provided in §210.912, RSMo, you have the right to appeal the information transferred to the Family Care Safety Registry. Your right to appeal is limited to the accuracy of the transfer of information from the state agency that maintains the background information and does not include a right to appeal the accuracy of the substance of the information transferred. An appeal must be filed in writing to the Office of the Director, Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO, 65102, within 30 days of receiving the results of the background screening determination. An administrative appeal shall be set within 30 days of the filing of the appeal and a decision shall be made within 60 days. This right to appeal is in addition to any other appeal rights granted by state law.

WHAT INFORMATION WILL BE DISCLOSED BY THE FAMILY CARE SAFETY REGISTRY?

Disclosure of background information on a person registered in the Family Care Safety Registry will be limited. If the person is registered, the Registry worker will disclose whether the person's name is listed in any of the background checks pursuant to §210.903, subsection 2, RSMo, and if so, which one(s). Specific information will be disclosed by the Registry pursuant to §210.921, subsection 1, subdivision (2).