

Department of Health and Senior Services

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The Department of Health and Senior Services was created by the passage of House Bill 603 in May 2001. The bill transferred the roles and responsibilities of the Division of Aging in the Department of Social Services to the Department of Health creating the Department of Health and Senior Services. This change has resulted in better integration, closer coordination and communication regarding health, public health, regulation and senior services for all Missourians.

State Board of Health

The State Board of Health serves as an advisory body for activities of the Department of Health and Senior Services. It consists of seven members appointed by the governor with advice and consent of the Missouri Senate. Members serve four-year terms and may serve a maximum of two terms. Missouri law (RSMo 191.400) specifies that three members shall be licensed physicians; one member shall be a licensed dentist; one member shall be a licensed chiropractic physician; and the other two members shall be persons other than those licensed by the State Board of Registration for the Healing Arts, the Missouri Dental Board, or the Missouri State Board of Chiropractic Examiners and shall be representative of those persons, professions, and businesses which are regulated and supervised by the Department of Health and Senior Services and the State Board of Health.

The State Board of Health advises the director of the department in planning for and operating the department, and acts in an advisory capacity regarding rules promulgated by the department.

Members of the State Board of Health

Berry, James E., (R), Forsyth;
Buckner, John III, M.D., (R), Springfield;



DEBORAH A. JANTSCH, M.D.
Chair
State Board of Health



JEFFERY A. KERR, D.O.
Chair
State Board of Senior Services

Fischer, Ollie C., D.M.D., (R), St. Louis;
Forand, Joseph M., M.D., (R), St. Louis;
Jantsch, Deborah A., M.D., (D), chair, Kansas City;
Mannello, Donna, D.C., (D), St. Louis;
Slack, Annette, R.N., J.D., (D), Florissant.

State Board of Senior Services

The State Board of Senior Services serves as an advisory body for activities of the Department of Health and Senior Services. It consists of seven members appointed by the governor with advice and consent of the Missouri Senate. Members serve four-year terms and may serve a maximum of two terms. Missouri law (RSMo 660.062) specifies that board members shall currently be working in the field of gerontology, geriatrics, mental health issues, nutrition and rehabilitation services of persons with disabilities. Four of the seven members appointed must belong to the Governor's Advisory Council on Aging.

The State Board of Senior Services advises the director in planning for and operating the department, and acts in an advisory capacity regarding rules promulgated by the department.

Members of the State Board of Senior Services

Jeffery A. Kerr, D.O., (R), chair, Rolla;
James M. Caccamo, Ph.D., (D), Kansas City;
Melinda Clark, M.P.A., (R), St. Louis;
Debra Cochran, (R), Chesterfield;
Lisa G. Conrad, (D), Clarence;
Lillian D. Eunice, (D), Normandy;
Mary Updyke, R.D., (R), Kirksville.

Office of the Director

The governor, with the advice and consent of the Senate, appoints the director of the Department of Health and Senior Services. Under the director of health and senior services, the department is functionally organized into four



JULIA M. ECKSTEIN
Director



DEBORAH MEBRUER
Executive Assistant to Director



NANCIE McNAUGH
Deputy Director



SHEILA DOTHAGE
Executive Assistant to Deputy
Director



DAVID DURBIN
Regulation and Licensure



MICHELLE ZEILMAN
Department Operations
Coordinator



JANE DRUMMOND, J.D.
General Counsel



NANCI GONDER
Public Information

divisions: Administration; Community and Public Health; Senior and Disability Services; and Regulation and Licensure.

The director is the chief liaison officer of the Department of Health and Senior Services for joint efforts with other governmental agencies and with private organizations that conduct or sponsor programs that relate to health and senior services in Missouri. A deputy director responsible for management of the department and administration of its programs and services assists the director.

The director's office also oversees the Center for Emergency Response and Terrorism; State Public Health Laboratory; and the offices of public information; personnel; planning and development; general counsel; special investigations; and governmental policy and regulation.

The **Center for Emergency Response and Terrorism** is responsible for coordinating regional and state planning for public health emergencies and disasters, including biological, chemical and nuclear terrorism. Through partnerships with hospitals and other health care organizations, local entities including government and law enforcement agencies, and other partners, the Center works to assure systems are in place to

protect the health of Missourians during a public health emergency.

The Department Situation Room (DSR) serves as the coordination point for all Department of Health and Senior Services' responses to emergencies, both natural and deliberate. It operates at a non-threat level 24 hours a day, 7 days a week and can be staffed and function as a command and control center in the event of an emergency. The DSR monitors the day-to-day emergency preparedness of the public health system and allied systems. The DSR also serves as part of the Health Alert Network to rapidly receive and disperse communications among public health and healthcare partners at the local, regional, state and federal levels, and assign and track follow-up activities. The DSR hotline is the contact point for the general public and public health partners. The number is 1-800-392-0272.

Missouri is taking steps at the state and local level to increase preparedness for and response to bioterrorism, outbreaks of infectious disease, and public health threats and emergencies. These efforts focus on: assessment and planning; education and training; disease reporting; hospital and laboratory surveillance; laboratory capacity; communications technology; public



MARY M. HOSKINS, M.P.A.
Personnel



ANDREW WANKUM
Governmental Policy and
Legislation



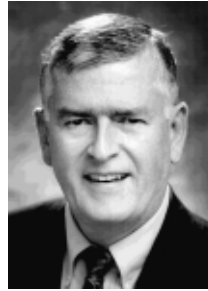
MIKE ROTH
President, Board of Nursing
Home Administrators



GLENDA MILLER
Community and Public Health



BRET FISCHER
Administration



H. BRUCE NETHINGTON
Chair, Missouri Health Facilities
Review Committee

information and media relations; and Geographic Information Systems or GIS.

Local public health agencies and regional response planners are working to develop integrated emergency regional response/terrorism plans that will coordinate with the state's emergency response plan. The Center is working closely with hospitals to assess their needs and complete preparedness planning on the regional level.

The **State Public Health Laboratory** each year receives approximately a half million samples through the central laboratory, its branch laboratory in Poplar Bluff, and the State Tuberculosis Laboratory in Mt. Vernon. The laboratory provides testing services in the fields of chemistry, environmental bacteriology, microbiology, serology and virology. The laboratory also approves breath alcohol testing equipment used in Missouri; issues permits to persons qualified to supervise and operate these devices and periodically inspects breath-testing instruments used in the state.

In addition to programs of the department, the laboratory performs tests in support of activities of the state departments of Corrections,

Mental Health, Natural Resources, Agriculture and law enforcement agencies.

The chemistry unit conducts chemical analyses of water and other environmental samples to determine the presence of toxic chemicals or substances. It also performs blood lead testing and provides analyses to support investigations of suspected acts of terrorism where poisons or other toxic substances may have been used.

The environmental bacteriology unit tests public and private water supplies for the presence of coliform bacteria, and milk for the bacterial counts and food suspected of causing disease outbreaks (food poisoning).

The metabolic disease unit examines blood samples from newborn babies to find those who need treatment for metabolic diseases such as phenylketonuria (PKU), hypothyroidism, galactosemia and sickle cell disease.

The microbiology unit provides reference services for the identification of bacteria and parasitic organisms especially those which pose a threat to public health, i.e., toxigenic *E. coli*, salmonella and shigella, such as the causative agents of whooping cough, tularemia, plague, anthrax, and dysentery. This unit provides the laboratory support to law enforcement and pub-

lic health in the investigation of suspected acts of bioterrorism.

The serology unit performs tests to help diagnose syphilis and AIDS; performs blood tests for measles, rubella and hepatitis and conducts testing for gonorrhea and chlamydia.

The virology unit examines clinical specimens to detect influenza, West Nile virus, SARS, and other viral diseases that threaten public health and examines animals for rabies. This unit, along with the microbiology unit, also provides the laboratory support for the investigation of suspected acts of bioterrorism.

The State Tuberculosis Laboratory conducts diagnostic tests on clinical specimens for the presence of the causative agent of tuberculosis in support of the state's TB prevention program. It also serves as a reference center for the state and region for identifying other mycobacterial infections.

Working in conjunction with the scientific units of the laboratory are two support units — administrative services and central services. The administrative services unit supports the fiscal management and budget preparation for the SPHL, collects fees paid for laboratory services, completes the administrative part of the procurement process and performs the administrative activities related to personnel management. The central services unit prepares glassware, culture media and reagents for use in the various scientific units, oversees the state-wide courier contract, and performs all shipping and receiving functions for the laboratory including the mailing of reports.

The SPHL also has an office for Emergency Response and Outreach that is responsible for coordinating statewide laboratory response to emergencies, including acts of bioterrorism, and to assure that the SPHL's response is coordinated with state and national responses to those acts.

The **Division of Administration** provides administrative and technical services that assist department programs to achieve their goals. The division's business support services include budget; grant and contract administration; accounting; procurement; general office services; and internal auditing.

The **Division of Community and Public Health** encompasses all public and community health programs. This division is supported by units focusing on women's health; minority health; epidemiology and health information management and evaluation.

The **Office of Minority Health** established by statute to eliminate minority health disparities through monitoring departmental policies and programs, providing technical assistance, and

promoting constituency development and developing culturally sensitive health education initiatives. The office also works collaboratively with community-based organizations and leaders to identify and implement specialized strategies that address the unique health needs of African-American, Native American, Hispanic/Latino, and Asian American populations in Missouri.

The **Office of Epidemiology** provides epidemiological consultation to all divisions, centers and offices to develop and implement research projects that assist in needs assessment, policy development, planning and implementation of programs. The office also provides consultation to local agencies in response to threats to their population and participates in training courses and presentations regarding various aspects of epidemiology. The office publishes prevention research in peer-reviewed journals and departmental publications.

The **Section for Local Public Health Services** strengthens the public health system by supporting the continued development of a population-based approach to health issues in Missouri communities. The section promotes a strong local public health system by defining and supporting the implementation of core public health functions throughout the state. The section facilitates development of professional standards and continuous learning opportunities for the local public health workforce. It provides leadership and technical assistance to local public health agencies and their community partners to improve their services through strategic planning, continuous quality improvement and other initiatives. The section works closely with multiple partners and stakeholders to develop and communicate a common vision and direction for public health in Missouri. The section works with policymakers and the public to improve understanding of the importance of public health and the responsibility of government to assure that a strong public health system is in place.

The **Section for Community Health** focuses on primary prevention strategies to address optimum health across the lifespan. Parallel to these primary prevention strategies, are services and programs to assist individuals who have already developed a disease or disability, as well as promotion of screenings and early intervention strategies to lessen the impact of disease and disability. The section provides leadership and coordination for efforts to combat the major causes of illness, disability and premature death in Missouri across the lifespan, including the major chronic diseases, genetic disorders, causes of infant mortality and prevention of unintentional and intentional injuries.

The section helps Missouri communities enhance the quality of life and health of their residents by building local capacity to develop, implement and maintain effective community health initiatives, programs and systems with a focus on primary and secondary preventive care. The section offers training, technical assistance and financial resources to assist communities with assessing needs; identifying resources; planning, implementing, and evaluating interventions; and promoting collaborative agreements.

Primary prevention programs promote healthy lifestyle choices among youths and adults. Programs and initiatives focus on increasing physical activity and reducing tobacco use and unhealthy eating—the primary risk factors for chronic diseases, including obesity. The section conducts and promotes early screening and intervention to include newborn metabolic and hearing screening. The section supports primary prevention strategies for injury prevention. The section supports local programs through contracts, training and technical assistance in implementing evidence-based strategies to reduce the risk factors.

The **Physical Activity Initiatives** include working with schools to assess school policies, programs and environmental supports, and identifying areas for improvement, such as implementing an evidence-based curriculum, adopting a policy to reduce students' access to unhealthy snacks, or increasing the amount of physical education students receive. The program also helps communities identify barriers to physical inactivity and prepare a plan to overcome the barriers, such as by increasing access to affordable facilities for physical activity and distributing information and resources for conducting community physical activity campaigns.

The **Tobacco Use Prevention Program** works to educate the public about the dangers of tobacco use and secondhand smoke. It also works with youth groups and community coalitions to advocate for policies to ban tobacco and smoking on school property and in public places; encourages worksites to implement policies to ban smoking; encourages health care professionals to assess patients' risk for chronic diseases and counsels those who use tobacco products to quit. The program advocates for employers to include effective cessation services in employee health insurance coverage; and provides information about tobacco use, secondhand smoke, and tobacco cessation.

The **5-A-Day for Better Health Program** is designed to increase the consumption of fruits and vegetables in the Missouri population. Scientific research shows that people who consume about five servings of fruits and vegetables daily

are half as likely to develop cancer of the digestive and respiratory tracts, as well as other chronic diseases, than those who consume fewer than two servings a day. A variety of other community interventions promote healthy eating. The **Health Community Nutrition Education Initiative** provides funding to local coalitions to coordinate, conduct and evaluate nutrition education initiatives that are designed to increase the likelihood of healthy food choices by food stamp eligible families with children. Three programs operate within schools and preschools, **Changing the Scene: Improving the Nutrition Environment Program and School Nutrition Education and Team Nutrition**, to develop life-long eating behaviors that promote appropriate growth and development, decrease overweight and obesity, improve test scores, decrease behavior problems and improve attendance as a result of good nutrition. These programs provide training, resources and technical assistance, as well as promoting policies that promote a healthy nutritional environment. Additionally, **Nutrition for Children with Special Health Care Needs Program** improves nutrition services for children with special health care needs in Missouri. It is estimated that 60 percent of children with special health care needs have a need for nutrition services. The **Folic Acid Program** works to increase the number of Missourians who are aware of the importance of folic acid intake in helping to prevent certain birth defects, diseases and health conditions. The **Lactation Education Training Project** is designed to inform health care providers and students on the best practices related to breastfeeding that are linked to decreased rates of obesity in adulthood and increased health for infants and children.

The **Newborn Metabolic Program** provides early identification and follow-up of phenylketonuria (PKU), galactosemia, congenital hypothyroidism, congenital adrenal hyperplasia and hemoglobinopathies that suggest the presence of disease in affected but asymptomatic infants. Follow-up is done to ensure that either a repeat newborn screen or a confirmatory test is done. In addition, infants found to be positive are referred to a system of health care.

The **Newborn Hearing Screening Program** seeks to screen all babies before three months of age, and for those with hearing loss, refer them to the First Steps Program for appropriate services by six months of age. Since 2002, Missouri state law requires all babies born in Missouri to have their hearing tested before discharge from the hospital.

The **Sickle Cell Anemia Program** provides information to the public and health professionals about sickle cell disease and sickle cell trait; and promotes and provides screening, testing,

referral, education, counseling and follow-up services for Missouri citizens at risk for sickle cell disease.

The **Injury Prevention Program** collaborates with other agencies addressing injury causes, and supports the collection and analysis of injury data. It also contracts with each of the nine local Safe Kids Coalitions located throughout the state to conduct primary injury prevention interventions in communities. The nine coalitions are in Jefferson City, Columbia, Hannibal, St. Louis, St. Charles, Springfield, Joplin, Cape Girardeau and Kansas City. The injury prevention program also contracts with the University of Missouri to conduct the Think First Missouri Educational Program that provides primary prevention activities addressing the prevention of head and spinal cord injury.

Secondary prevention and treatment services focus on preventing and detecting chronic and genetic diseases that reduce the quality of life and shorten life expectancy. The programs address numerous chronic diseases including asthma, cardiovascular disease, stroke, diabetes, arthritis, osteoporosis and lupus, as well as genetic disorders such as cystic fibrosis, sickle cell and hemophilia. Major disparities exist in the health status and disease and death rates experienced by minorities and low socioeconomic groups when compared with all other Missourians.

The **Comprehensive Cancer Control Program** provides professional training in the area of cancer control as well as promoting and assisting providers in the implementation of cancer control. It also maintains and disseminates information on cancer prevention and control resources in Missouri; and develops and assists regional cancer control coalitions. This includes the **Show Me Healthy Women Program** which provides funding and program resources for screening and diagnostic services for breast and cervical cancers. It also provides cardiovascular health screenings and life-style interventions through more than 90 provider networks statewide and the **Cancer Inquiry Program** responds to public and professional inquiries about cancer, as well as public concerns about cancer and the environment.

The **Missouri Arthritis and Osteoporosis Program** promotes optimal health and quality of life for all Missourians affected by arthritis, rheumatic disease and musculoskeletal conditions including, osteoporosis, lupus, fibromyalgia, and gout. The program's focus is on prevention, early intervention, education, service and collaboration. The program collaborates with a variety of local, state and federal partners to address and support key issues related to arthritis and osteoporosis and works with a network of seven

Regional Arthritis Centers located throughout the state.

The **Missouri Heart Disease and Stroke Program** seeks to decrease the risks that contribute to heart disease and stroke by promoting policy and environmental change programs to improve heart disease and stroke prevention in the community, schools and worksites. The program also plans activities and promotions advocating smoking cessation, physical activity and good nutrition.

The **Missouri Diabetes Prevention and Control Program** creates awareness of risk factors for diabetes and control of diabetes to reduce and prevent complications of the disease. The program works to improve the lives of people with diabetes through community awareness and interventions; National Diabetes Education Program; improvement of health care systems through continuing education for health care professionals; and professional education, including a resource guide for school personnel. This is accomplished through partnerships with a variety of state, local and national organizations.

The **Missouri Asthma Prevention and Control Program** works to improve the capacity of Missouri's public health system to define and reduce the burden of asthma for people with the disease through effective linkages and comprehensive surveillance and evaluation. The program works to raise asthma awareness within schools, worksites and communities and among health care providers statewide. The program's advisory board plays a key role in areas including the development of a statewide focus on asthma surveillance, prevention and control; providing advice regarding asthma-related issues; assisting in the development of a state plan and serving as an outside partner to gain support for the program and its services.

The **Organ Donor Program** maintains a statewide confidential registry of potential donors. The program is funded by donations of one dollar received by the driver's license offices throughout the state at the time an individual makes application for a driver's license or identification card.

A number of Section of Community Health programs focus on **ensuring access to and availability of primary health care services** for all of Missouri's populations, including residents in the rural areas of the state. This effort involves work to reduce the shortage of medical professionals throughout Missouri. In addition, the state's oral health program provides a broad range of core public health activities for oral health.

The **Health Care Workforce Development Program** works to reduce the shortage of health care professionals and to increase access to health care for Missouri citizens. The program provides health professional student loans to medical, dental, dental hygienist and nursing students. The loans are “forgiven” when the recipient graduates and works in a Health Professional Shortage Area in Missouri. This program also provides assistance in the recruitment of foreign medical graduates into underserved areas to assure the staffing of that health care delivery system. The initiatives include:

- The **Health Professional Loan Repayment Program** provides financial incentives for licensed primary care physicians (family or general practice, pediatrics or general internal medicine), general practice dentists and primary care nurse practitioners. Participants agree to accept Medicare and Medicaid patients, as well as provide a discounted fee schedule, based on family size and income, for all uninsured individuals.
- **J-1 Visa/State 30 Waiver Program and National Interest Waiver Program** helps foreign medical graduates to remain in Missouri after completion of their advanced medical training in exchange for service in underserved communities. Practitioners are recruited and sponsored by a Missouri health care facility or organization to serve the specific needs of that community. The National Interest Waiver programs allow participants to pursue U.S. citizenship.
- **PRIMO Health Professional Recruitment and Loan Programs** assist in the development and implementation of early recruitment (high school) programs for health professional students, emphasizing recruitment of individuals from rural and inner city, underserved communities in Missouri. In addition, educational loans are provided to health professional students in exchange for an obligation to provide health care services in underserved areas, upon completion of training. Disciplines eligible include primary medical, dental, dental hygiene and advanced practice nursing.
- The **Professional and Practical Nursing Student Loan and Loan Repayment Program** provides support for nursing students and nursing professionals, in exchange for service in Missouri’s underserved communities. Student loans are provided for up to 70 nursing students annually in return for an obligation to provide service in public and non-profit health care agencies in

underserved Missouri communities. An additional 15 to 20 professional nurses are provided loan repayments in exchange for service in public and non-profit health care agencies in underserved Missouri communities.

The **Primary Care Systems Program** works through public/private partnerships to ensure access to and availability of primary health care services for all of Missouri’s populations. Efforts to increase access include evaluating availability and accessibility of medical, psychiatric, and dental health professionals (Health Professional Shortage Areas); developing resources to enhance and expand community-based health care delivery systems; working with state and federal partners in the recruitment and retention of health care professionals in health professional shortage areas; development of a population-based workforce model for primary medical, dental and mental health services and assessing the extent, impact and characteristics of the lack of insurance on the health care delivery systems, communities and individuals in Missouri. The initiatives include:

- **Health Professional Placement Services** provide an internet-based program to match health care practitioners to communities in areas of need around the state. Service is provided at no cost.
- The **Primary Care Resource Initiative for Missouri** provides funds to communities in underserved areas to develop community-based health care delivery systems, develops clinical training sites in rural and underserved area clinics, and develops recruitment programs for primary care physicians, dentists and nurse practitioners.

The **Rural Health Systems Program** works to assure the availability of and access to essential health care services for all rural Missouri residents through private/public partnerships. Efforts include those to support the health care delivery system infrastructure in rural areas (particularly small rural hospitals) through resources for initiatives to reduce medical errors and support quality improvement, comply with new regulations, and implement technology enhancements in order to improve services and health outcomes. The initiatives under this program include:

- The **Medicare Rural Hospital Flexibility Program** provides support to critical access hospitals to implement or expand quality improvement programs and to develop rural health networks among these hospitals and their community/health system partners. The program also

coordinates activities with the Missouri Hospital Association and the Missouri Quality Improvement Office to evaluate the quality improvement programs in the critical access hospitals and develop a model program for all. Other program activities are under development to expand training opportunities for integrating local Emergency Medical Services systems to improve health outcomes in rural Missouri.

- The **Rural Access to Emergency Devices Program** provides automatic external defibrillators to first responders in selected rural areas of Missouri. In addition to purchasing and placing the devices, the program provides training on the equipment use and standards of care in order to improve outcomes from out-of-hospital cardiac arrests for residents of rural Missouri.
- The **Small Rural Hospital Improvement Program** provides financial and technical assistance to small rural hospitals to implement the Prospective Payment System; become compliant with provisions of the Health Insurance Protection and Accountability Act; reduce medical errors; and support quality improvement.

The **Oral Health Program** provides a broad range of core public health activities for oral health. Activities include access to oral health care, oral health education and technical assistance on fluoride mouth rinse program and community water fluoridation. It also serves as a resource on oral health issues for other states and federal agencies, the dental profession and the public. The initiatives include:

- The **Elks Mobile Dental Program** provides mobile dental units in a public/private partnership with the Elks' Benevolent Trust of Missouri to offer oral health care for children with special health care needs and children who are mentally retarded or developmentally disabled in a community-based setting.
- The **Fluoride Mouth Rinse Program** provides supplies and technical assistance to public schools in Missouri to conduct a school-based fluoride mouth rinse program.
- The **Water Fluoridation Program** provides technical assistance on best practices, health outcomes and state and national resources to assist communities to fluoridate the public water supply.

The Section of Community Health administers several programs that **provide supplemental nutrition assistance to vulnerable populations**

to improve health status; contribute to optimum growth and development; and decrease the risk of chronic diseases later in life. The assistance includes meal subsidies to eligible organizations that feed infants, children and youth and food packages for low-income elderly persons, women, infants and children.

The **Special Supplemental Nutrition Program for Women, Infants and Children (WIC)** prescribes and pays for nutritious foods to supplement the diets of pregnant women, new mothers, infants and children up to their fifth birthday, who qualify as "nutritionally at-risk," based on a medical and nutrition assessment, and who meet state income guidelines (185 percent of federal poverty guidelines or eligible for Medicaid TANF or Food Stamps in Missouri). Program participants are reassessed periodically to determine eligibility status. These services are provided at the local level through contracts with county and city health departments, community health centers, community action agencies and hospitals. WIC contracts with retail grocers and pharmacies where participants purchase the prescribed supplemental foods. The WIC program provides nutrition education to program participants to change eating patterns in a positive way to improve their health status; breastfeeding counseling and support to pregnant women and new mothers; conducts immunization screenings and referrals to assure children are age-appropriately immunized; and provides appropriate referrals to address the WIC participant's need.

The **Child and Adult Care Food Program** provides reimbursement for nutritious meals and snacks served to eligible participants in child care centers, family day care homes, homeless shelters, outside-school-hours programs, and adult day care centers. The program's goal is to see that well-balanced meals are served and good eating habits are taught in child and adult care settings. The program serves children under the age of 13, children of migrant workers age 15 and under, physically and mentally handicapped persons receiving care in a center where most children are 18 years and under and adults who are functionally impaired or over 60 years old. CACFP provides training and technical assistance on nutrition, food-service operations, program management and record keeping.

The **Summer Food Service Program** helps assure that eligible populations have access to nutritious meals during the summer months by providing reimbursement to community agencies that can offer the required continuum of meals. Eligible participants include children 0-18 years of age whose family incomes are less than or equal to 185 percent of the federal poverty guidelines. Income-eligible adults over

18 years of age who have been determined by a state educational agency to have a disability and who participate in a school-based program for the disabled during the school year also are able to participate in the program. The program contracts with schools and other community-based organizations to sponsor the local programs and provide the meals that must meet established guidelines. These guidelines increase the nutrient intake of program participants, thereby reducing their risk for health problems and enhancing their learning capacities.

The **Commodity Supplemental Food Program** works to improve the health of low income pregnant and breastfeeding women, other new mothers up to one year postpartum, infants, children up to their sixth birthday, and older persons at least 60 years of age by supplementing their diets with nutritious U.S. Department of Agriculture commodity foods. The program also provides health referral services and nutrition education. Eligible women, infants, and children must meet income eligibility requirements (currently 185 percent of the federal poverty guidelines), while older persons must have income at or below 130 percent of the federal poverty guidelines. Women, infants, children, and the elderly must reside in the state of Missouri and cannot be eligible for the WIC Program.

The Section of Community Health provides leadership to both the public and private sectors in **assessing the health care needs of families and communities and in assuring that the health system responds appropriately**. The section also develops policy; plans systems of care; and designs, implements and evaluates programs to meet the health care needs of families in Missouri, including specific at risk populations such as children with special health care needs and individuals with genetic disorders.

The **Maternal and Child Health Coordinated Systems** distribute federal block grant funds to local public health agencies to maintain and improve the health status of maternal and child populations in Missouri. This is done by establishing and maintaining an integrated multi-tiered service coordination system capable of addressing targeted maternal and child health issues. Each contractor has a contractual obligation to utilize evidence-based interventions and address identified maternal and child health risk indicators which are the most disparate from the state rates.

The **School Health Program** provides contracts to public school districts and local public health agencies to establish or expand population-based health services for school-age children in defined geographic areas. The program focus is on increasing access to primary and preventive health care. An effort is made to assure

an adequate nurse to student ratio. Technical assistance and consultation are available. The program is a collaborative effort of Missouri's departments of Health and Senior Services, Elementary and Secondary Education and Social Services.

The **Adolescent Health Program** contracts for adolescent medicine consultation and educational programs for adolescents, parents, professionals and communities to improve the overall health status of adolescents. The statewide Council for Adolescent and School Health advises the Missouri Department of Health and Senior Services in assessing adolescent health needs and in planning effective strategies to promote protective factors and reduce risks to the health of adolescents. In addition, Title V funding is used to promote abstinence-only education through schools and community-based organizations. The purpose of the program is to educate adolescents to delay involvement in sexual activity until marriage, and to decrease out-of-wedlock pregnancies, adolescent pregnancy and birth rates, and sexually transmitted diseases.

The **Building Blocks Program** is an evidence-based prenatal and early childhood nurse home visiting program. Participants in the program are low income, first time mothers who enter the program prior to the 28th week of pregnancy. In the program, nurse home visitors work with the women and their families in their homes during pregnancy and the first two years of the child's life to improve pregnancy outcomes; improve child health and development; and improve family's economic self-sufficiency.

The **Missouri Community-Based Home Visiting Program** utilizes the Families at Risk model developed by the University of Missouri/Sinclair School of Nursing in collaboration with the Missouri Department of Health and Senior Services. The model utilizes nurses and paraprofessionals and provides intensive sustained visits and community services over a long period (two to three years), with a small number of families. The goals of this program are to increase healthy pregnancies and positive birth outcomes and decrease child abuse and neglect through home-based services.

The **Missouri Fetal Alcohol Syndrome Rural Awareness and Prevention Project** is a collaborative effort between state government, academic researchers, service providers and medical professionals that are working together to reduce the number of pregnancies exposed to alcohol and ultimately reduce the number of children diagnosed with Fetal Alcohol Syndrome.

The **SAFE-CARE Network** is composed of physicians and nurse practitioners who are trained to provide comprehensive, state-of-the-

art medical evaluations to alleged victims of child sexual assault. The program responds to the need for a coordinated, effective response to child sexual assault and utilizes electronic linkages between SAFE-CARE Network providers to improve medical consultation in rural and underserved areas.

The **Rape Prevention and Services to Victims Program** contracts with rape crisis centers and other community-based counseling agencies to provide services for community and professional education, counseling for victims and families and crisis hotline services.

The **Medical Examination for Victims of Rape Program** provides reimbursement for medical examinations for victims of rape when performed for the purpose of gathering evidence for prosecution and when the cost is not covered by other sources (insurance, Medicaid or Medicare) with the following conditions:

- Victim consents in writing to the examination.
- Report is made on a form approved by the attorney general.
- Report is filed with the prosecuting attorney in the county where the rape occurred.

The **Hope Service Program** provides assistance for children under the age of 21 who meet financial and medical eligibility guidelines. This service focuses on early identification of children with special needs; funding for preventive, diagnostic and treatment services; and provision of service coordination activities for families. Service coordination is provided through 13 regional contracts and by unit staff located in eight area offices throughout the state.

Healthy Children and Youth-Administrative Case Management provides preventive health services to children under the age of 21 who are enrolled in Medicaid. The objectives of this program are improved access to health services; increased frequency of health screenings; improved provider participation in Medicaid; and expansion of diagnostic and treatment services.

The **Physical Disabilities Waiver Program** provides home and community-based services to individuals with serious and complex medical needs who have reached the age of 21 and are no longer eligible for home care services available through the Healthy Children and Youth program in Missouri. This waiver is designed to provide a cost-effective alternative to placement in an intermediate care facility for the mentally retarded/developmentally delayed.

The **Adult Genetics Program** provides limited assistance with health care costs for Missouri

adults (21 years of age and older) with cystic fibrosis, hemophilia and sickle cell disease. The program provides applicants meeting financial and medical guidelines with limited financial assistance for inpatient and outpatient services, medication and blood factor products, emergency care and home equipment. Service coordination is provided for those meeting the medical eligibility.

The **Metabolic Formula Distribution Program** provides prescribed dietary formula to individuals with covered metabolic disorders such as Phenylketonuria (PKU) or Maple Syrup Urine Disease. Use of the dietary formula combined with a medically supervised diet eliminates or reduces the adverse consequences of the disorders.

Service Coordination is a collaborative process that assists an individual/family to assess their needs and resources, and develop a plan to address those needs, including assessment for home-based services. This program facilitates, implements, coordinates, monitors and evaluates services and outcomes, and encourages an individual/family to develop the skills needed to function at their maximum level of independence. Service coordinators continue to monitor and evaluate individual services as long as the participant remains in the service.

The **Adult Head Injury Service** provides assistance in locating, coordinating and purchasing rehabilitation and psychological services for individuals 21 years of age and older who have survived a traumatic brain injury, which is defined as "a sudden insult or damage to the brain or its coverings, not of a degenerative nature." Service coordination is available free of charge, regardless of financial status of the individual. Rehabilitation funding is available statewide to survivors whose income is 185 percent of poverty or lower. The Head Injury Advisory Council provides information, advice and expertise to the department on head injuries and rehabilitation of people affected by traumatic head injuries. The council also studies current prevention, treatment and rehabilitation technologies; advises the department on appropriate distribution of resources to provide specialized services to people with traumatic head injuries; and recommends methods to improve the state's delivery of service.

The Section of Community Health is also responsible for communicating with the general public about health issues and providing information about programs available to prevent and address a multitude of health concerns. Public education programs help **link people** with the health services they need.

TEL-LINK, the Department of Health and Senior Services' toll-free telephone line for maternal, child and family health services, provides information and referrals to Missouri residents about a wide range of health services. All callers are given referral telephone numbers and then are transferred immediately to the appropriate agency or treatment center. TEL-LINK can connect callers to services for: family planning, prenatal care, prenatal drug abuse, immunizations, adoption, non-emergency medical transportation (Medicaid only), alcohol and drug abuse, WIC, Medicaid, children with special health care needs, sexual assault or rape, family violence, etc. Calls, which are confidential, are answered 8 a.m. to 5 p.m., Monday through Friday. Recorded messages are taken after 5 p.m. on weekdays and throughout the day and night on weekends and holidays.

The division also works to improve health outcomes in Missouri through **statistical and information systems activities and surveillance and epidemiology research** related to maternal, infant, child and general adult health status; chronic disease risk factors and behaviors; environmental influences; and access and utilization of public health and health services. Surveillance activities include tracking selected indicators, disseminating data reports, analyzing, and interpreting the health data to develop interventions to improve the health of all Missourians.

The **Bureau of Vital Records** serves as the state archives for vital records. All births and deaths in Missouri are registered with the bureau that, in turn, issues copies of birth and death certificates to eligible persons. In 2004, the bureau issued nearly 75,000 copies of vital records on file. Other records on file are for marriages and marriage dissolutions in Missouri. Approximately 210,000 records of births, deaths, fetal deaths, marriages, divorces, and abortions were filed with the Bureau of Vital Records in 2004. Missouri's files for resident births and deaths date from 1910 and the files for marriage dissolutions date from 1948.

The **Health Statistics** units collect, analyze and distribute information which promotes better understanding of problems and needs in Missouri, as well as spotlighting progress achieved in the general health status of Missourians. Data generated by the section aid and guide the planning, development and evaluation of programs and services of the department as well as the related activities of other agencies, institutions and organizations.

While the data collected by these units are primarily valuable to help solve Missouri problems, much of the activity is coordinated with the National Center for Health Statistics. This allows comparable data to be collected at the

state level that can be added with data from other states to form a picture of the health status of the nation. The data are made accessible through the department's web site.

The **Health Data Analysis** unit analyzes and reports data related to births, deaths, marriages, marriage dissolutions, abortions, and other health statistics. These vital statistics are published in a monthly news bulletin, an annual report and periodic special reports. The unit also prepares annual population estimates. Births and death data and special surveys are used to evaluate the effectiveness of maternal and child health programs in Missouri.

The **Health Services Statistics** unit analyzes data related to injuries in Missouri. These data sets include ambulance trip ticket data, Head and Spinal Cord Injury Registry data, mortality data, hospital inpatient and outpatient data, motor vehicle crash data and data related to the sexual abuse of children. The unit also assists other programs in designing, conducting and analyzing surveys. The unit collects and analyzes patient abstract data filed by hospitals and ambulatory surgical centers. The unit publishes the Managed Care Consumer's Guides on commercial, Medicare, and MC+ managed care plans on the quality of care and access to care of Missouri's HMO and POS products and their members' reports of satisfaction.

The **Behavioral Risk Factor Surveillance System Program** tracks the prevalence of chronic-disease related characteristics and monitors progress toward national health objectives related to decreasing high-risk behaviors, increasing awareness of medical conditions, and increasing the use of preventive health services of individuals age 18 years and older.

The **Missouri Cancer Registry Program** tracks the incidence (new cases) of cancer, the types of cancers that occur, their locations within the body, the disease stage of the cancer at the time of diagnosis, and the kinds of treatment that patients receive.

The **Fetal Alcohol Syndrome Surveillance Network** monitors the incidence of fetal alcohol syndrome in children.

The **Pediatric Nutrition Surveillance System** analyzes the growth, anemia, and breastfeeding status and trends of children in federally funded child health and nutrition programs such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to monitor progress toward national health objectives and to evaluate interventions to improve the nutritional health of children.

The **Pregnancy Nutrition Surveillance System** analyzes behavioral and nutritional risk factors among pregnant and postpartum women in

the state enrolled in public health programs to monitor progress toward national health objectives and to evaluate interventions designed to improve the nutritional health of the women of childbearing age.

Through the **Nutrition Screening Program**, students in participating schools are weighed and measured using U.S. Centers for Disease Control and Prevention guidelines. From this information, a Body Mass Index-for-age is calculated and compared to age and sex-specific national norms. School nurses make appropriate referrals of students who are identified as at nutritional risk.

The **Oral Health Screening and Surveillance Program** establishes a state-based oral health surveillance system to evaluate the oral health of Missouri populations, beginning with selected school-aged children and to evaluate access to dental services for those children and provide technical assistance to schools conducting dental screens.

The **Fetal and Infant Mortality Review** analyzes infant and fetal death records to develop recommendations for community change, if appropriate, to reduce fetal and infant mortality. The communities then determine and implement interventions based upon recommendations received that may improve outcomes for future families.

The **Pregnancy Associated Mortality Review** monitors death certificates, relevant birth or fetal death certifications and medical records for data abstraction to determine if the deaths were preventable. Data is analyzed for association of variables and trends.

The **Missouri Pregnancy Related Assessment and Monitoring System** expands Missouri's reproductive health surveillance and survey infrastructure by carrying out a pilot survey that collects state-specific, population-based data on maternal attitudes and experiences prior to, during and immediately following pregnancy, with the overall goal to improve maternal and infant health and for future comparison with other states.

The **Section of Environmental Health and Communicable Disease Prevention** is the principal unit involved in the investigation of the cause, origin, and method of transmission of communicable diseases and diseases caused by environmental hazards. These diseases and conditions are major public health concerns in Missouri.

The interrelated services of this section focus on disease surveillance, prevention and control. Included are specific responsibilities related to communicable diseases, immunizations, tuberculosis, zoonoses, sexually transmitted diseases,

AIDS, community sanitation, environmentally related health hazards and hazardous substance control.

The section is integral to the Department of Health and Senior Services' emergency responses to public health emergencies and natural disasters, including biological, chemical and radiological terrorism. The section assures rapid detection through a comprehensive surveillance system operated by public health staff prepared through expertise and training to detect diseases/conditions that may indicate an emergency/bioterrorism event. Rapid response is assured through emergency response planning by public health staff deployed strategically and prepared through expertise and training to respond to a possible emergency/bioterrorism event.

The **Environmental Public Health Unit** is involved in the investigation and prevention of diseases related to the environment and administration of environmental sanitation programs in accordance with Missouri statutes. The unit's efforts focus on diseases associated with exposure to chemical, bacteriological and physical agents in our environment and in the food and water we consume.

Services include: conducting epidemiological studies of environmentally-related outbreaks of disease; performing health assessments and quantitative risk assessments of hazardous waste sites; providing public health consultation and toxicological consultation for emergencies involving chemicals; providing technical advice related to pesticides and other hazardous substances; implementing the state Childhood Lead Poisoning Prevention Program and administering lead grants from the Centers for Disease Control and Prevention and the Environmental Protection Agency; assuring safe lead abatement activities by accrediting lead abatement training programs and licensing lead abatement personnel; providing health physics consultation to those involved with radiation-producing devices and materials; reviewing and evaluating plans for radiation facilities; keeping a register that includes all owners and possessors of radiation machines and radioactive materials used in a nonmedical setting; evaluating radiological health risks associated with various work environments; responding to all radiological emergencies; responding to emergencies affecting food safety, lodging safety, and private water supplies; providing professional and public information on radon; providing technical advice related to indoor air quality issues; providing technical assistance to local public health agencies on environmental public health issues; assuring inspection of food establishments for compliance with sanitation codes and standards;

providing food sanitation training for local health agency personnel, personnel of food establishments and public education; providing technical assistance to other state agencies relating to food sanitation activities; administering food protection licensure programs as required by statute; certifying food sources located in Missouri for interstate and international transport; assuring that salvage operations do not allow food products potentially harmful to human health to enter commerce; conducting sanitation ratings of all grade A milk supplies and certifying them for sale in accordance with the Interstate Milk Shippers Agreement; providing technical assistance to local and state officials on matters relating to food and drug sanitation; working in partnership with the U.S. Food and Drug Administration to assure food products are manufactured, stored and distributed in a safe, wholesome manner; providing technical assistance for general sanitation; providing consultation, technical assistance and inspection services related to private water supplies; providing consultation on recreational water supplies, including swimming pools; assuring sanitation and safety inspections of commercial lodging establishments; license commercial lodging establishments; assuring all new and repaired on-site sewage treatment facilities are constructed/repared in compliance with state standards through a permit and inspection program; providing training courses for onsite sewage installers, inspectors/evaluators and local regulatory authorities; and registering onsite sewage installers.

The **Communicable Disease Prevention Unit** is dedicated to the prevention and control of communicable diseases. The unit includes the following: the Disease Investigation program; and the Prevention and Care program.

Services include: establishing rules and policies pertaining to the control and prevention of communicable diseases; consulting with local health officers, practicing physicians and others regarding diagnosis and control measures for specific communicable diseases; consulting with local public health agencies on coordination of disease outbreak investigations, disease investigation control activities and analysis of data; collecting and analyzing disease case reports and providing feedback reports; working with physicians and laboratories to encourage complete reporting of communicable diseases; assuring rapid response to public health emergencies and natural disasters, including bioterrorism events; collaborating with community members throughout the state who serve on the HIV/STD Prevention Community Planning Group; coordinating comprehensive services to individuals with HIV/AIDS through a statewide

system of community-based organizations, local, district and state health departments; administering the Missouri Medicaid AIDS Waiver service to eligible individuals in lieu of inpatient nursing or hospital facilities; providing consultation, education, and guidelines/recommendations on zoonotic disease outbreak investigations, human prophylaxis and management of animals with diseases capable of transmission to humans; acting as liaison with other agencies such as the Missouri Department of Agriculture to maintain current knowledge of diseases and environmental conditions occurring in animal populations that may affect humans; acting as liaison between the Department of Health and Senior Services and the federal Centers for Disease Control and Prevention and other federal and state agencies concerned with communicable disease control; collaborating with community groups to affect action plans for preventing and controlling diseases of high prevalence within the community; providing, without charge, prescribed drugs for the treatment of TB disease or infection; providing tuberculin skin testing materials for use in contact testing programs; maintaining a registry of known tuberculosis cases and tuberculosis infection in Missouri; disseminating guidelines for TB control in Missouri; coordinating case management for TB on a statewide basis; providing assistance to local health officials in the screening and treatment of public health conditions in newly arriving refugees; administering the federal Vaccines for Children program, which provides immunizations for Medicaid, uninsured, underinsured, Native American, Alaskan Native and Pacific Islander children; coordinating the perinatal hepatitis B program, in which pregnant women carrying hepatitis B are followed through delivery so newborns are treated to prevent transmission of the disease to them; providing education and information to the public, as well as to private and public health care providers, about appropriate administration, storage and handling of vaccines for children, adolescents and adults; conducting surveys with all school and daycare providers to assure compliance with state immunization requirements; and collaborating with other programs within the Missouri Department of Health and Senior Services, other state and federal agencies and community-based organizations in emergency event planning and response.

The **Office of Surveillance** tracks and documents occurrence and distribution of communicable, vaccine preventable, sexually transmitted, and environmentally induced diseases in Missouri, as well as potential intentional introduction of disease by terrorist agents, through development and improvement of the statewide surveillance system.

Services include: identifying surveillance data needs, designing data collection processes/systems, developing and maintaining data systems and datasets, analyzing and interpreting data and producing reports; analyzing surveillance data at regular intervals to track trends and providing regular reports on these analyses; establishing and/or modifying rules pertaining to the reporting of communicable disease and environmentally-induced illnesses/conditions; working with hospitals, physicians, laboratories and others to report diseases and environmental conditions; performing epidemiological analyses to answer inquiries and help target disease intervention activities; providing consultation to programs regarding application of surveillance data to program policy/practice; developing and coordinating ongoing quality assurance processes on data gathered in surveillance databases; working in partnership with the Agency for Toxic Substances Disease Registry on hazardous substances emergency events surveillance; working in partnership with Tulane University, the Department of Natural Resources, the City of St. Louis, and other agencies and organizations on childhood blood lead and environmental hazard identification and reduction; conducting bioterrorism surveillance by obtaining syndromic surveillance data from hospitals, physicians and others and analyzing the results to ensure prompt response to incidences and unusual trends of diseases or syndromes of public health importance; and providing heightened surveillance when national and/or state threat levels are raised or in response to known or suspected disease outbreak.

The **Division of Regulation and Licensure** oversees the health care regulatory programs of the department, and assures the safety, health, welfare and rights of persons residing in long term care facilities.

The **Family Care Safety Registry** serves as a resource for background screening information maintained by various state agencies. Those wishing to hire a child-care, elder-care or personal-care worker may contact the registry using a toll-free access line and obtain background information about a caregiver. The registry became operational January 1, 2001, and utilizes a computer interface to streamline the process to obtain background information from various state agencies.

Information accessed by the registry includes: criminal history, Sex Offender Registry, substantiated claims of child abuse/neglect, the DHSS Employee Disqualification List, the DMH Employee Disqualification Registry, child care license revocations and foster parent license denials, revocations and suspensions. In addition to the needs of families selecting an individ-

ual for a private employment arrangement, many employers of child-care, elder-care and personal-care workers are required to obtain background screening information for staff in order to obtain or maintain licensure or to be in compliance with state regulations. Employers, such as child-care centers and nursing homes, often have difficulty in recruiting and maintaining skilled staff. The delays they currently experience in obtaining background screening results can impact their ability to hire and retain staff. These employers are required to contact several state agencies in order to comply with statutes or regulations for background screening. The registry offers these employers an alternative to their current method of obtaining background screening information.

The registry maintains a toll-free access line to respond to requested information and allows the requestor to receive an immediate response as often as they like at no cost. The access line is staffed from 7:00 a.m. to 6:00 p.m., Monday through Friday and an Internet site is also maintained for easy access.

The **Missouri Board of Nursing Home Administrators** was established in 1970. The board is responsible for adopting, amending and repealing rules necessary to carry out the provisions of Chapter 344, RSMo; establishing minimum standards for licensing nursing home administrators; providing testing opportunities for qualified applicants; approving and monitoring continuing education programs designed for nursing home administrators; auditing license renewal applications and renewing the licenses of qualified licensees; and conducting hearings affording due process of law, upon charges calling for discipline of a licensee.

The board, appointed by the director of the department, consists of 10 members who serve three-year staggered terms. Membership of the board consists of one licensed physician, two licensed health professionals, one person from the field of health care education, four people who have been in general administrative charge of a licensed nursing home for at least five years immediately preceding their appointment and two public members.

The **Section for Health Standards and Licensure** oversees the health care and child care regulatory programs of the department. Supervision is provided for hospital licensure and certification activities, hospice and home health licensure and certification activities, emergency medical services, registration of handlers of controlled substances, child care provider licensure activities, and inspection of license-exempt child care providers.

The **Bureau of Healthcare Oversight** is responsible for health facility licensing and certification services, home health agencies, hospices, outpatient physical therapy/speech rehabilitation agencies and comprehensive outpatient rehabilitation facilities licensing and certification services, emergency medical services and trauma services and related programs administered by the Department of Health and Senior Services. The bureau consists of three units: the Unit of Health Facility Regulation, the Unit of Home Care and Rehabilitative Standards and the Unit of Emergency Medical Services.

The **Unit of Health Facility Regulation** is responsible for the regulation and licensing of Missouri's hospitals, ambulatory surgical centers and abortion facilities that are required to renew their licenses annually in accordance with current statutes. License renewals are based upon compliance with state regulations in the areas of fire safety, environment, organization and administration, and all aspects of patient care. The unit also contracts with the Center for Medicare/Medicaid Services to survey and recommend certification of providers and suppliers of services as participants under Title XVIII (Medicare) of the Social Security Act. Providers include hospitals, independent laboratories, end-stage renal disease facilities, portable x-ray providers, ambulatory surgical centers, rural health clinics, and long-term care units in hospitals.

The unit also registers medical sources of ionizing radiation throughout the state, including x-ray machines. The unit contracts with the Federal Drug Administration to perform surveys of mammography screening providers.

The **Unit of Home Care and Rehabilitative Standards** is responsible for regulating and licensing Missouri's home health agencies and hospices. Home health agencies and hospices are required to renew their state licenses annually, in accordance with current statutes.

Additionally, through contracts with the Centers for Medicare/Medicaid Services, surveys are conducted for certifying home health agencies, hospice organizations, outpatient rehabilitation facilities, and comprehensive outpatient rehabilitation facilities as providers under Title XVIII (Medicare) of the Social Security Act. Consultation is provided regarding licensing requirements and compliance with Medicare Conditions and Participation.

The **Unit of Emergency Medical Services** administers the laws relating to emergency medical technicians-basic, emergency medical technicians-paramedic, air ambulance services, ground ambulance services, emergency medical

response agencies, emergency medical service training entities, and trauma centers.

Currently, Missouri's ground ambulance services, air ambulance services and fixed-wing air ambulance services make approximately 700,000 runs per year. These ambulance services are inspected for licensure every five years. At least one paramedic, nurse or physician with the capability of providing an advanced level of care to the patient staffs ninety percent of the emergency ambulance transports of a patient to a hospital. This is one of the highest rates in the nation.

The trauma program was formally established by state law in 1987 and revised in 1998. Regulations that specify the criteria for trauma center designation went into effect in January 1990 and September 1998. A network of trauma centers designated according to capability serves Missouri. Missouri's trauma center hospitals see over 12,000 severely injured patients per year.

This unit administers the ambulance reporting system, head and spinal cord injury registry, and trauma registry. These are among the most comprehensive reporting systems of their type in the United States.

The governor-appointed State Advisory Council on EMS provides advice to the department on EMS regulatory issues.

The **Bureau of Narcotics and Dangerous Drugs (BNDD)** is responsible for ensuring the proper management and distribution of controlled substances for legitimate medical and manufacturing purposes. Controlled substances include medications and chemicals used in the manufacture of these medications that have been determined to be abusable or addictive.

All individuals and firms who manufacture, distribute, prescribe, dispense or handle controlled substances in the state of Missouri must register with the BNDD every two years. Those required to register with the BNDD include physicians, hospitals, pharmacies, dentists, ambulance services, veterinarians, optometrists, podiatrists, manufacturers, distributors, labs and importers and exporters who desire authority to possess or perform functions with controlled substances.

The BNDD is active in the education of health professionals who handle controlled substances. The records of all registrants are subject to inspections, audits, or investigations (if needed). Violations of controlled substance laws can lead to administrative sanctions. Criminal violations are referred to appropriate law enforcement agencies.

The bureau's surveillance helps prevent the diversion of drugs or chemicals from their proper channels of distribution. This helps protect against the misuse or abuse of these substances.

The **Bureau of Child Care** is responsible for the regulation and licensing of child care facilities. The bureau is also responsible for the annual safety, health and sanitation inspections of child care facilities operated by religious organizations.

Child care staff conduct on-site inspections service of child care facilities and provide technical and consultative assistance. The bureau's mission is to ensure that all facilities provide a healthy, safe and developmentally-appropriate environment for Missouri's children.

The goal for the bureau is to have a positive impact on the overall health, safety and well being of children in child care programs. The bureau works to meet this goal through health promotion and education, facilitating immunizations, improved meals and nutrition education, communicable disease prevention, improved cleanliness and sanitation, injury reduction, prevention of child abuse and neglect, and serving children with special needs. Training for child care providers is partially provided through contracts with training organizations. Consultation and technical assistance for child care providers is provided by local community health nurses through a contracted program. In addition, referral services, consultation and technical services are provided to families of special needs children and the providers who serve those families.

The **Section for Long Term Care Regulation**, in accordance with the Omnibus Nursing Home Act, is responsible for assuring the safety, health, welfare and rights of persons residing in nursing homes (long term care facilities). The section has the legal authority to intervene in cases of abuse, neglect or exploitation among elderly or disabled persons who reside in nursing homes. The section:

- inspects and licenses adult day care centers, adult residential care, intermediate care and skilled nursing facilities;
- investigates complaints of abuse or neglect at long term care facilities;
- reviews and approves plans for proposed long term care facilities;
- investigates complaints for any allegation of failure to comply with all rules and regulations;
- investigates complaints of misuse of resident funds in long term care facilities;
- reviews applications for licenses to operate a long term care facility;

- inspects, conducts utilization reviews, and determines client eligibility for intermediate care facilities for persons with mental retardation (ICF/MR); and
- implements appropriate rules and regulations in accordance with the Omnibus Nursing Home Act; and with the U.S. Department of Health and Human Services, determines Medicaid/Medicare certification of intermediate care and skilled facilities.

The **Division of Senior and Disability Services** serves as the State Unit on Aging and carries out the mandates of the state of Missouri regarding programs and services for seniors and adults with disabilities. Mandates for the division include oversight and implementation of programs designed to maximize independence and safety for adults who choose to remain independent in the community by administering state and federal community-based programs.

The Elder Abuse and Neglect Hotline or **Central Registry Unit (CRU)** was established in 1980 and responds to reports of alleged abuse, neglect or financial exploitation of persons 60 years of age or older and other eligible adults between age 18 and 59. Calls are received at this centralized registry, summarized into a report, and sent to the appropriate investigative authority. A trained Social Services Worker will respond within a specified time period depending on the severity of the case: within 24 hours for the most dangerous situations and within seven days for most others.

The DHSS Section for Long Term Care Regulation staff conduct investigations of reported abuse, neglect and exploitation of individuals residing in long term care facilities. Complaint investigations are handled in accordance with state statute, and all information obtained during investigations is handled in a confidential manner. Reports or complaints are generally initiated within 24 hours. The hotline **1-800-392-0210** operates 24 hours per day, 365 days per year and is staffed by 12 Social Service Workers.

The **Bureau of Program Integrity** is responsible for the interpretation, development, implementation and maintenance of Missouri protective services and case management policies. Staff interpret and promulgate state regulations, coordinate and develop protocols and operating procedures to maximize efficiency and effectiveness in the provision of adult protective and home and community based services. The bureau provides oversight, support and program evaluation in the administration of the Aged and Disabled Medicaid Waiver in coordination with the Department of Social Services/Division of Medical Services. The bureau also oversees the

development, improvement and training of the information systems used for tracking statistical information, authorization and reimbursement for care authorized by Social Service Workers. Policies are developed in compliance with applicable *Code of State Regulations*, state and federal statutes, guidelines and rules.

The **Bureau of Quality Assurance** conducts formal reviews, provides technical assistance, and conducts complaint investigations of contracted in-home services providers that deliver services to clients of the division. The bureau is responsible to:

- conduct on-site quality assurance reviews of provider's files, primarily client and employee files.
- conduct on-site technical assistance visits with new providers to answer questions the provider may have about the program.
- conduct on-site complaint investigations upon receipt of provider complaints.
- provide education and the required certified manager quarterly training for the in-home services providers and their staff, and participate in quarterly regional in-home services provider meetings.

The **Bureau of Home and Community Services** is responsible for services and programs directly administered by the division for eligible persons 60 years of age or older and adults with disabilities between the ages of 18 and 59. Generally, to be eligible for services, adults must meet specific guidelines pertaining to protective, economic, social, and care needs. Through a comprehensive investigative or assessment process, the bureau determines the intervention and/or services necessary to meet the needs of each eligible adult. Professionally trained social service workers, and long-term care specialists carry out state mandates for direct services to adults in Missouri. Field staff are responsible to:

- investigate reports of elder abuse, neglect and exploitation of non-institutionalized elderly;
- intervene on behalf of eligible adults believed to be at risk of injury or harm including preparing cases for litigation based on investigative findings;
- screen individuals considering long term care to ensure individuals have the ability to make an informed decision about care and care settings;
- provide case management services to individuals requiring assistance to remain in their homes, including intake and screening, assessment, service planning and authorization, care monitoring, eligibility

reassessment, adjustments to care plans and discharge;

- authorize in-home services in the home or community under the Missouri Care Options (MCO) program through state and federal funding to include basic and advanced personal care, homemaker, chore, nursing services, counseling, basic and advanced respite, and adult day health care;
- oversee care plans developed in conjunction with seniors and persons with disabilities in community based settings who are screened and determined to be medically eligible for nursing facility care and Medicaid eligible (or potentially Medicaid eligible); and
- coordinate with other organizations involved in care planning to include state (SSBG/GR) and Medicaid funded in-home services, home health, and local community resource providers on behalf of clients to strengthen the support system necessary to maintain independence and ensure the highest available quality of service delivery.

The **Bureau of Senior Programs** is responsible for activities on behalf of the division and ensures the effective and efficient management of state and local activities associated with the Older Americans Act. As a result of the 1973 amendments to the Older Americans Act, states must designate planning and service areas to develop and implement programs and services for older persons at the local level. Missouri has ten Area Agencies on Aging (AAAs), each responsible for providing services and overseeing programs within specifically defined geographic boundaries. Within the mandates of the Act, priority is given to serving older adults in the greatest social and economic need with a focus on serving low-income and minority elderly. Staff primarily:

- conduct periodic monitoring reviews of the local programs to verify compliance with state and federal guidelines and to validate program and service effectiveness.
- provide training and technical assistance to AAA staff and their boards as requested, keeping them apprised of new developments in the aging field, and federal and state policies and procedures.

Each AAA is allowed flexibility in providing the services most needed within their planning and service area. Each AAA:

- is required to submit an area plan for review and approval in order to receive

funding to carry out various provisions of the Older Americans Act at the local level.

- administers the nutrition program - both congregate and home-delivered meals, including nutrition education activities.
- provides funding for access services, legal services and in-home services. Access services include transportation and Information and Assistance, and general outreach and advocacy activities. (In-home services include, homemaker chore, personal care and respite.)
- provides disease prevention and health promotion activities or services to encourage the employment of older workers, services to support family caregivers, ombudsman services, and information about the prevention of abuse, neglect and exploitation of seniors.
- AAAs may also provide one or more of the following services: minor home modification, counseling, adult day care, telephone reassurance, friendly visiting, case management, and volunteer recruitment.

Certificate of Need Program

PO Box 570

Jefferson City 65102

Telephone: (573) 751-6403 / Fax: (573) 751-7894

The primary cost containment agency for Missouri is the Certificate of Need Program (CONP). CONP, designated in 1976 as a state-wide health planning agency, has been an administrative unit of the department since 1981.

CONP functions in three categories: planning, review and support activities. The agency conducts some of the health planning activities of the state and determines the needs of Missouri for substantial health capital expenditures and major medical equipment. It prepares, reviews and revises health models for Missouri for use in the CONP.

The Missouri Health Facilities Review Committee carries out its function as the administrator of the Missouri CON law with the support of CONP staff.

The agency assists with program planning, development and analysis of health data, policy planning, identification of program needs, graphics development, strategic assessments and other special projects in cooperation with the director of the department and other state departments.

Missouri SenioRx Program

Jefferson Bldg., Rm. 1310

205 Jefferson St.

Jefferson City 65101

Telephone: (573) 522-3070 / Fax: (573) 522-3073

Toll Free: 1-866-256-3937

During the 2001 Special Legislative Session, the Missouri General Assembly passed House Bill 3 and Senate Bill 4, which created the Missouri SenioRx Program to help defray the cost of prescription drugs for seniors. The program is designed to aid those individual seniors with incomes less than \$17,000 and married couples with income less than \$23,000. In addition to the income requirements of the program, a senior must meet the following eligibility criteria to qualify: be 65 years of age; be a resident of the state of Missouri for 12 months; not be a recipient of Veterans Administration pharmacy benefits or Medicaid; and not have adequate prescription drug coverage.

Applications for enrollment are accepted during the **annual** enrollment period of **January 1 through February 28** with **benefits beginning July 1**. Applications may be obtained from the program's website (www.missouriseniorx.com), or by contacting Missouri SenioRx Customer Service toll-free at **1-866-556-9316** (available 24 hours a day, 7 days a week).