NORTHEND

MISSOURI AGENCY PATH INSIGHT

How to Choose the Right Missouri Agency Path

Missouri draws important lines among private-pay shift care, Medicaid In-Home Services, licensed Home Health, licensed Hospice, and agencies that supply temporary health care personnel to facilities. The payer, services, visit structure, and setting can change the entire approval path.

Private Duty / Private Pay

Missouri DHSS states that it does not issue an agency license for the private-duty/private-pay model. This commonly includes an agency providing only one service, or nursing and personal care delivered in shifts of four or more hours. Private-pay personal care, respite, and companion care may be arranged without a physician order when the service does not cross into a regulated clinical model.

No Missouri home-care license does not mean no rules. The business still needs proper formation, tax and employer registrations, insurance, truthful service descriptions, client agreements, caregiver screening and files, training, service records, incident and complaint processes, confidentiality protections, wage compliance, and adherence to professional scope-of-practice requirements.

Medicaid In-Home Services (IHS)

Missouri's Medicaid-funded In-Home Services pathway is not the same as private-pay care and is not a Home Health license. A prospective IHS provider submits a detailed proposal to Missouri Medicaid Audit and Compliance for a participation agreement, then completes MO HealthNet enrollment. Services may include homemaker or chore support, personal care, respite, advanced personal care, and authorized nurse visits for eligible participants.

The proposal addresses the entity, office, financial capacity, insurance and bonding, EVV, policies, service delivery, designated manager, RN supervisor, staff screening, and Family Care Safety Registry requirements. An approved written proposal is followed by a site visit and leadership interviews before a contract may be offered. Consumer Directed Services use a related but separate proposal and vendor pathway.

Licensed Home Health Agency

A Missouri Home Health Agency provides at least two covered home-health services on an intermittent basis, and one must be skilled nursing. Services may include skilled nursing, physical therapy, occupational therapy, speech-language pathology, medical social services, and home health aide services under the appropriate clinical plan and supervision.

DHSS licenses HHAs under 19 CSR 30-26.010. The applicant must establish a business location that is not in a private residence and maintain established business hours. Policies, qualified leadership, clinical supervision, personnel files, patient records, quality systems, emergency preparedness, and survey readiness must support the licensed operation. Medicare certification, Medicaid enrollment, and payer contracts are separate approvals.

State-Licensed Hospice

A Missouri hospice provides coordinated palliative and supportive services to terminally ill patients and their families under Chapter 197 and 19 CSR 30-35. The program requires qualified administration and clinical leadership, an interdisciplinary structure, medical direction, care planning, nursing and other core services, 24-hour availability, records, quality oversight, emergency preparedness, and state survey readiness.

A hospice inpatient facility is part of a hospice program rather than a stand-alone inpatient-only business. Missouri states that a Certificate of Need is not required for a hospice inpatient facility, but the facility must meet the applicable Missouri and federal hospice requirements.

Supplemental Health Care Services Agency

An agency that supplies temporary health care personnel to Missouri health care facilities follows a separate DHSS registration and inspection path. Each office location that supplies personnel to a Missouri facility must register, even when the office is outside Missouri. This staffing model is not private-pay home care, IHS, Home Health, or Hospice.

Questions to consider

- Who will pay: the client, private insurance, MO HealthNet, Medicare, a managed-care plan, or a health care facility?
- Will care be delivered in intermittent clinical visits, longer private-duty shifts, authorized Medicaid units, or temporary facility assignments?
- Will the agency provide one service or two or more home-health services, including skilled nursing?
- Will any task require a licensed clinician, physician or authorized-practitioner order, assessment, delegation, or clinical plan of care?

The service pattern matters

Aides, nurses, and personal-care tasks can appear in more than one pathway. Missouri looks at the combination of services, visit length, payer, order requirements, population served, and how the business represents itself. Do not choose the agency type from the job title alone.

Private pay and Medicaid are different

An unlicensed private-pay agency cannot simply begin serving Medicaid participants. IHS and CDS require the correct proposal, contract, enrollment, authorization, EVV, staffing, screening, documentation, and billing structure. The state currently advises applicants that the process may take approximately nine months and may take longer depending on proposal quality and workload.

Office rules depend on the path

A Home Health Agency must have a business location outside a private residence. The IHS proposal asks for a lease or deed, but permits an applicant to describe dedicated business space in a home and how accessibility requirements are met. Supplemental staffing offices may be outside Missouri, but every location supplying personnel to a Missouri facility must register. Confirm the selected pathway before committing to an address.

Medicare enrollment is currently paused

CMS extended the nationwide moratoria on initial Medicare enrollment for HHAs and hospices for six months effective November 13, 2026. New initial applications and certain nonexempt changes in majority ownership are affected. A Missouri state license does not override the federal moratorium. Confirm current CMS status before making a Medicare-dependent investment.

Prepare for review and survey

The entity, ownership, office, leaders, policies, personnel records, client or patient documentation, EVV or visit records, quality systems, complaint and incident processes, and evidence tools must match the selected pathway. Medicaid IHS includes proposal review and a site visit; licensed Home Health and Hospice agencies must be ready for regulatory survey activity.

Build the agency in the right order

Define services, payer, visit structure, setting, workforce, and service area first. Then confirm whether the model is private pay, Medicaid IHS or CDS, licensed Home Health, licensed Hospice, or supplemental staffing. Build the entity, location, leadership, policies, systems, survey readiness, enrollment, and contracting plan around that decision before taking clients.

Official starting points

Missouri DHSS Home Care and Rehabilitative Standards; Missouri Medicaid Audit and Compliance IHS/CDS proposals; 19 CSR 30-26, 19 CSR 30-35, 19 CSR 15-7.021, and Missouri SHCSA registration; CMS provider-enrollment moratoria.

Planning a Missouri agency?

NorthEnd Consulting helps owners identify the correct Missouri pathway and build the licensing, contracting, documentation, and survey-readiness plan around the services they intend to provide.

Visit northendconsultants.com to discuss your agency plan

Current as of November 2026. Laws, regulations, contracts, application materials, fees, federal moratoria, survey procedures, enrollment, and payer requirements may change. Business registration, state licensure or registration, Medicaid contracting, professional licensure, Medicare certification, accreditation, enrollment, and payer contracting are separate decisions. This is a general planning resource, not legal advice. NorthEnd Consulting does not guarantee approval.