



MISSOURI DEPARTMENT OF SOCIAL SERVICES
MISSOURI MEDICAID AUDIT AND COMPLIANCE
PROVIDER CONTRACTS
ADULT DAY HEALTH CARE PROPOSAL FOR CONTRACT

The following information must be submitted to be considered for a participation agreement (contract) to provide adult day health care. In order for Missouri Medicaid Audit and Compliance Unit (MMAC) to conduct an efficient review of the business entity's proposal, the proposal submitted must be in the order listed in this document.

Section I: Documentation

1. **Provider Profile**
2. **Business Organizational Structure Form** (BOS) and all documents as indicated by the section of the form completed.
3. Notification from the Internal Revenue Service of the applying provider's Federal Employer Identification Number.
4. Notification from the Missouri Department of Revenue of the business entity's Missouri Employer Identification Number.
5. Current Vendor No Tax Due certificate from the Missouri Department of Revenue. Information available at <http://www.dor.mo.gov/tax/business/sales/hb600.htm>.
6. The e-mailed verification of registration received from the Missouri Office of Administration (OA) (<https://www.moolb.mo.gov/Glue/default.asp>). Minimum registration required is "Standard" (no fee). Do not submit anything if the name, address and federal employer identification number are already registered with OA.
7. A copy of the adult day care license issued by the Section for Long Term Care Regulation.
8. A copy of the notification letter from MMAC Provider Enrollment Unit of the adult day health care Medicaid enrollment.
9. **Adult Day Health Care Assurances**

SUBMIT THE COMPLETED PROPOSAL TO

Mailing Address:

Missouri Medicaid Audit and Compliance
Provider Contracts
P.O. Box 6500
Jefferson City, MO 65102-6500

Physical Address:

Missouri Medicaid Audit and Compliance
Provider Contracts
205 Jefferson St., 2nd Floor
Jefferson City, MO 65101