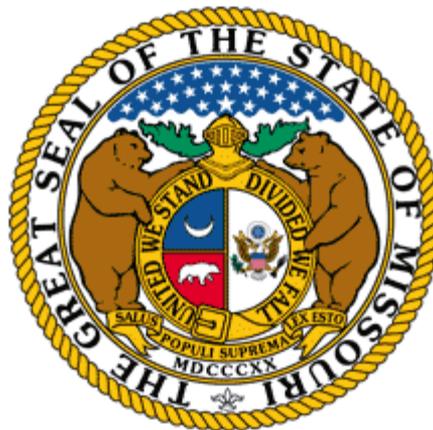


Missouri Medicaid Audit & Compliance

Provider Enrollment Unit





There are 55,599 enrolled MO HealthNet fee-for-service providers



Adult Day Care Waiver Providers

July 2014	113
April 2016	117
September 2016	120



Residential Care Facilities – 338

Assisted Living Facilities - 93



In-Home Services Aged & Disabled Waiver

July 2014 367

July 2015 389

April 2016 419

Sep 2016 453



There are currently 245 providers enrolled to conduct “Reassessments” on Medicaid participants, an increase from 225 in April 2016



Consumer Directed Services

July 2014 306

July 2015 385

April 2016 462

Sep 2016 522



January to September 2016

Terminated Providers: 17

Rejected Application/Proposal: 48



Pending:

Adult Day Care	2
RCF	6
ALF	1
In-Home Services	46
CDS	119



Consumer Directed Services – Authorized Clients

1,000 to 1,500	2
500 to 999	7
250 to 499	16
100 to 249	39
50 to 99	49
10 to 49	195
1 to 9	141
0	73

In Home Services – Authorized Clients

500 to 2,500	5
250 to 499	17
100 to 249	51
50 to 99	69
10 to 49	358
1 to 9	310

*** Includes RCF and ALF**

Site Visits

Pre-enrollment and Post Enrollment



MMAC staff may conduct random drive-by or walk-by compliance checks during normal business hours.



Business Open?

Signage?

Posted Hours?



MMAC staff might conduct short announced or unannounced office visits to check provider compliance with state regulations and program requirements.



Home and Community Based Services

Home » providers » provider-enrollment » home-and-community-based-services

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MMAC's enrollment of home and community based care providers plays an integral role in allowing the **Department of Health and Senior Services** (DHSS) to provide home-based services to eligible individuals who wish to remain in a community setting.

All potential contractors must submit a proposal outlining their business practices and demonstrating an ability to serve the needs of the populations served by DHSS. Home and community based care providers must also make assurances regarding compliance with applicable federal and state laws, regulations, and orders relative to the provision of services.

NOTE: Currently enrolled In-Home Services (IHS) and Consumer-Directed Services (CDS) providers' participation agreements are valid for five (5) years. This is consistent with re-validation requirements. Most currently enrolled IHS and CDS providers have a renewal date of June 30, 2019. Providers can check the date by looking at their copies of the participation agreements.

The information provided on this site is intended as a resource for current home and community based care providers and potential contractors. You may click on any of the links listed to obtain additional information.

- **In-Home Services & Consumer Directed Services Proposal Information**
- **Application Fee Information**
- **Information Sheet: HCBS Setting Requirements**
- **Provider Self Assessment – HCBS Setting Requirements**
- **Initial Provider Survey Results – HCBS Setting Requirements**
- **Provider Certification Training & Annual Provider Update Meeting**
- **Provider Contracts Forms**
- **Reassessment Packet**
- **Adult Day Care Waiver Services**
- **DMH Providers Reporting ISL Variance**
- **CDS Audit Guidance**

HCBS Related

- [Provider Certification Training](#)
- [Provider Update Meeting](#)
- [DSDS e-News](#)
- [DHSS Provider Memos](#)
- [HCBS Web Tool](#)

Helpful Links

- [Civil Rights Contract Compliance](#)
- [Centers for Medicare & Medicaid \(CMS\)](#)
- [OIG Exclusions List Search](#)
- [2011 Patient Protection & Affordable Care Act \(PPACA\)](#)
- [Report Public Assistance Fraud](#)



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[Change Request Instructions](#)

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[CDS Quarterly Financial & Service Report](#)

[CDS Quarterly Financial & Service Report Instructions](#)

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[EFT – Paper Form](#)

[Vendor Profile](#)

[Financial Management Services \(FMS\) Addendum](#)

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Questions or Problems

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