

Missouri Medicaid Audit & Compliance

Provider Enrollment Unit





There are 53,423 enrolled MO HealthNet fee-for-service providers



Adult Day Care Waiver Providers

July 2014 – 113

April 2016 - 117



Residential Care Facilities – 336

Assisted Living Facilities - 93



In-Home Services Aged & Disabled Waiver

July 2014 367

July 2015 389

April 2016 419



Consumer Directed Services

July 2014 306

July 2015 385

April 2016 462



January 2015 to April 2016 – HCBS

Terminated Providers: 12

Rejected Application/Proposal: 50



Pending:

Adult Day Care	6
RCF	3
ALF	1
In-Home Services	68
CDS	129





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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Provider Contracts Forms

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[contracts-forms](#)
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[Business Organizational Structure](#)

[Change Request Form](#)

[Change Request Instructions](#)

[CDS Annual Service Report](#)

[CDS Quarterly Financial & Service Report](#)

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

[Vendor Input/ACH-EFT Application](#)

[EFT – Paper Form](#)

[Vendor Profile](#)

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

HCBS Related

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MISSOURI DEPARTMENT OF SOCIAL SERVICES
MISSOURI MEDICAID AUDIT & COMPLIANCE
ANNUAL SERVICE REPORT FOR CONSUMER DIRECTED SERVICES (CDS) VENDOR

Provide three examples of positive impacts on Medicaid consumers' outcomes through the CDS services provided by your agency during the past calendar year (Three for your agency – not three for each consumer). Continue on additional sheets if needed.

1.

2.

3.

ANNUAL CERTIFICATION

I certify, to the best of my knowledge and belief, that all quarterly CDS service and financial reports required by 19 CSR 15-8.400 were submitted to Missouri Medicaid Audit & Compliance during the past calendar year.

SIGNATURE OF AUTHORIZING CERTIFYING OFFICIAL	DATE THIS REPORT WAS SUBMITTED
TYPED OR PRINTED NAME AND TITLE OF PERSON SIGNING	BUSINESS TELEPHONE NUMBER
FULL LEGAL NAME OF CDS VENDOR	

Please submit this report with your 4th quarter CDS service and financial reports to:

Missouri Medicaid Audit & Compliance, Attn: CDS Reports, P.O. Box 6500, Jefferson City, MO 65102

Email: MMAC.IHSCONTRACTS@DSS.MO.GOV Fax: 573-751-5065



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 MISSOURI MEDICAID AUDIT AND COMPLIANCE UNIT
 CONSUMER DIRECTED SERVICES FINANCIAL & SERVICE REPORT

SECTION I: GENERAL INFORMATION	
VENDOR NAME:	SELECT QUARTER REPORTED FOR
VENDOR ADDRESS:	CALENDAR YEAR:
CITY, STATE, ZIP CODE:	<input type="checkbox"/> JANUARY 1 THROUGH MARCH 31
NPI:	<input type="checkbox"/> APRIL 1 THROUGH JUNE 30
FEDERAL EIN:	<input type="checkbox"/> JULY 1 THROUGH SEPTEMBER 30
	<input type="checkbox"/> OCTOBER 1 THROUGH DECEMBER 31

SECTION II: OVERSIGHT				
REPORTED COMPLAINTS/GRIEVANCES	CONSUMER	ATTENDANT	FAMILY	OTHER
Abuse				
Neglect				
Exploitation				
Falsification of Timesheets				
Payroll - Personnel Issues				
Services Not Delivered				
Program Fraud				
Consumer Fraud				
Other:				
Total Reported Complaints/Grievances				

SECTION III: MISSED CONTACTS				
NUMBER OF MISSED CONSUMER CONTACTS	1 ST MONTH	2 ND MONTH	3 RD MONTH	TOTAL
Consumers Not Contacted				

*Attach a list of consumers not contacted for their monthly case management monitoring. Include their DCN (no names or initials) and the reason(s) they were not contacted. Vendor must perform case management activities with consumers at least monthly to provide ongoing monitoring of the provision of services in the plan of care.

SECTION IV: FINANCIAL UTILIZATION		
TOTAL # OF CDS PARTICIPANTS	TOTAL CDS UNITS AUTHORIZED	TOTAL CDS UNITS DELIVERED

SECTION V: CDS ATTENDANT PAYROLL			
	TOTAL		TOTAL
Total of Paid CDS Claims		Total Net CDS Attendant Payroll	
Total Medicare & OASDI Taxes		Total Federal Income Tax Withheld	
Total State Income Tax Withheld		Total FUTA And SUTA Contributions	
Other		Other	
Total CDS Payroll Expenditures		Total Number of CDS Attendants	

SECTION VI: COMMENTS
Comments:

SECTION VII: REPORT CERTIFICATION	
I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEVE THAT THIS REPORT IS CORRECT AND COMPLETE AND THAT ALL EXPENDITURES ARE FOR THE PURPOSES SET FORTH IN THE MEDICAID STATE PLAN, AND THE STATUTES AND REGULATIONS GOVERNING THE CONSUMER DIRECTED SERVICES PROGRAMS, INCLUDING THE INDEPENDENT LIVING WAIVER.	
ALL APPLICABLE FEDERAL, STATE AND LOCAL TAXES AND CONTRIBUTIONS INCLUDING, BUT NOT LIMITED TO, PAYROLL TAXES AND WORKERS COMPENSATION INSURANCE HAVE BEEN PAID FOR THIS AGENCY AND ALL AGENCY EMPLOYEES AND ON BEHALF OF ALL PERSONAL CARE ATTENDANTS AND CONSUMERS DURING THIS QUARTER. Yes <input type="checkbox"/> No <input type="checkbox"/>	
SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	DATE REPORT SUBMITTED
TYPED OR PRINTED NAME AND TITLE OF PERSON SIGNING	BUSINESS TELEPHONE NUMBER

SUBMIT THE COMPLETED REPORT WITHIN 30 DAYS AFTER THE END OF THE CALENDAR QUARTER TO:

MISSOURI MEDICAID AUDIT AND COMPLIANCE
 PROVIDER ENROLLMENT
 205 JEFFERSON ST., 2ND FLOOR
 PO BOX 8500
 JEFFERSON CITY, MO 65102
 E-MAIL: MMAC.IHSCONTRACTS@DSS.MO.GOV
 FAX: 573-751-5085

(2018)

Questions or Problems

Dale Carr
Provider Enrollment Manager
(573) 751-5296
Dale.Carr@dss.mo.gov

