



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. Do not include any name or DCN numbers.

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.

Check this box if you did not have any authorized CDS clients during the past calendar year.

Reports that are not complete, signed, and/or include the printed name and title of the submitter will be rejected.

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	
NPI	
PROVIDER EMAIL	

Please submit this report with your 4<sup>th</sup> quarter CDS service and financial report to: