MISSOURI DEPARTMENT OF SOCIAL SERVICES
MISSOURI MEDICAID AUDIT AND COMPLIANCE UNIT

CONSUMER DIRECTED SERVICES FINANCIAL & SERVICE REPORT

PRINT

SECTION I: GENERAL INFORMATION

VENDOR NAME:	**YEAR:**
VENDOR ADDRESS:	**SELECT QUARTER** ☐ JANUARY 1 THROUGH MARCH 31- DUE BY APRIL 30
CITY, STATE, ZIP CODE:	☐ APRIL 1 THROUGH JUNE 30 – DUE BY JULY 31
NPI: **FEDERAL EIN:**	☐ JULY 1 THROUGH SEPTEMBER 30 – DUE BY OCT 31 ☐ OCTOBER 1 THROUGH DECEMBER 31 – DUE BY JAN 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	1ST MONTH	2ND MONTH	3RD 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 ACTUALLY DELIVERED

SECTION V: CDS ATTENDANT PAYROLL

	TOTAL		TOTAL
Total of Paid CDS Claims (IN DOLLARS)		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: (i.e. city or county taxes)		Other: (i.e. city or county taxes)	
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 belief that his report is correct and complete and that all expenditures are for the purposes set forth in the state statutes, regulations, and provider manuals; governing the Missouri Medicaid program, Consumer Directed Services program, and Independent Living Waiver.

All applicable federal, state, and local taxes and employment contributions including, but not limited to, payroll taxes and unemployment insurance taxes have been paid for this agency and all agency employees (under the agency's EIN number), and on behalf of all personal care attendants and consumers (under the consumer's individual EIN number) during this quarter. **Yes** ☐ **No** ☐

☐ CHECK THIS BOX IF YOU DID NOT HAVE ANY AUTHORIZED CDS CONSUMERS DURING THE QUARTER.

Reports that are incomplete, not signed, and/or don't have the printed name and title of the person signing will be rejected.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	**DATE REPORT SUBMITTED**
TYPED OR PRINTED NAME AND TITLE OF PERSON SIGNING	**BUSINESS TELEPHONE NUMBER**
PROVIDER EMAIL	**NAME OF CURRENT ELECTRONIC VISIT VERIFICATION (EVV) VENDOR**

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

MISSOURI MEDICAID AUDIT AND COMPLIANCE

PROVIDER REVIEW

Revised 06/2024