



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
MISSOURI MEDICAID AUDIT AND COMPLIANCE  
PROVIDER CONTRACTS  
**CONSUMER DIRECTED SERVICES ASSURANCES**

LEGAL VENDOR NAME AS FILED WITH THE IRS AND SECRETARY OF STATE, INCLUDING DBA NAME (SOLE PROPRIETORS, INCLUDE NAME AND DBA NAME)
1. Disclose all persons, individuals or business entities identified within the proposal or involved with the applying vendor that are currently contracted/enrolled with the Missouri Medicaid Audit and Compliance Unit (MMAC) or Department of Health and Senior Services, Division of Senior and Disability Services (DSDS) or its designee (hereafter state agencies) to provide any other service. List the type of service and the name of the company.
2. Disclose all persons, individuals or business entities identified within the proposal or involved with the business entity that have been previously contracted with the state agencies. List the name of the company and the position held.
3. Disclose all persons, individuals or business entities identified within the proposal or involved with the business entity that have been sanctioned, suspended, terminated from participation, or denied enrollment in Medicaid, Medicare, SSBG/GR, or any other government public assistance program.
4. Applying vendor understands and agrees to maintain a working computer at its main office location with access to the internet in order to retrieve information posted on the website by the state agencies and to transmit information to and from the state agencies.
5. Applying vendor understands and agrees to maintain an e-mail account that is known to MMAC in order to communicate with the state agencies. Applying vendor further understands and agrees to check the e-mail account periodically throughout each business day.
6. Applying vendor understands and agrees to maintain subscription to DSDS E-News ( <a href="http://health.mo.gov/seniors/hcbs/">http://health.mo.gov/seniors/hcbs/</a> ).
7. Applying vendor understands and agrees to maintain subscription MO HealthNet News ( <a href="http://dss.mo.gov/mhd/providers/index.htm">http://dss.mo.gov/mhd/providers/index.htm</a> ).
8. Applying vendor understands and agrees to notify MMAC via the Change Request form ( <a href="http://health.mo.gov/seniors/hcbs/appsforms.php">http://health.mo.gov/seniors/hcbs/appsforms.php</a> ) of changes in office location, business hours, telephone number, e-mail address, service area, key personnel, ownership, etc. in compliance with the Program Requirements.
9. Applying vendor understands and agrees to ensure service delivery during times of natural or man-made disaster in coordination with local emergency operation centers and Division of Senior & Disability Services in compliance with Program Requirements.
10. Applying vendor understands and agrees to post the Elder Abuse & Neglect Hotline number (800/392-0210) in each of its office locations.
11. Applying vendor understands and agrees that it is prohibited for a person to be the personal care attendant for their spouse in compliance with 19 CSR 15-8.400.
12. Applying vendor understands and agrees it is prohibited for personal care attendants to serve members of a consumer's household or to perform household tasks that members of a consumer's household would reasonably be expected to do for one another in compliance with 19 CSR 15-8.400.
13. Applying vendor understands and agrees to process and resolve all consumer and/or personal care attendant inquiries and problems in compliance with 19 CSR 15-8.400.
14. Applying vendor understands and agrees to submit CDS Quarterly Service Reports and CDS Quarterly Financial Reports to MMAC Provider Contracts no later than each April 30, July 30, October 30 and January 30 in compliance with 19 CSR 15-8.400. The reports are available at <a href="http://health.mo.gov/seniors/hcbs/appsforms.php">http://health.mo.gov/seniors/hcbs/appsforms.php</a> .
15. Applying vendor understands and agrees to submit a CDS Annual Service Report to MMAC Provider Contracts no later than each January 30. The report requirements are available at the bottom of the CDS Quarterly Service Report Instructions form available at <a href="http://health.mo.gov/seniors/hcbs/appsforms.php">http://health.mo.gov/seniors/hcbs/appsforms.php</a> .
16. Applying vendor understands and agrees to submit an annual audit report to MMAC Provider Contracts in compliance with

19 CSR 15-8.400 and the Program Requirements. The report must be prepared by a Certified Public Accountant and must be submitted within 150 days of the end of the vendor's fiscal year as reported on the Vendor Profile form.	
17. Applying vendor understands and agrees to ensure that environmental accessibility adaptations reimbursed through the consumer directed services program will be performed by competent licensed contractors, and comply with all applicable state and county code requirements.	
18. Applying vendor understands and agrees to comply with requirements of the Drug Free Workplace Act of 1990.	
19. Applying vendor understands and agrees to comply with requirements of the E-Verify federal work authorization program. Information regarding E-Verify is available at <a href="http://www.dhs.gov/files/programs/gc_1185221678150.shtm">http://www.dhs.gov/files/programs/gc_1185221678150.shtm</a> .	
20. Applying vendor understands and agrees to comply with all applicable Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations and all amendments thereafter.	
21. Applying vendor understands and agrees to comply with all applicable federal and state laws, regulations, and executive orders regarding employment practices including, but not limited to: <ul style="list-style-type: none"> <li>• Fair Labor Standards Act, as amended</li> <li>• Title VI of the Civil Rights Act of 1964</li> <li>• Title VII of the Civil Right Act of 1991 as amended</li> <li>• Section 504 of the Rehabilitation Act of 1973</li> <li>• Title IX of the Education Amendments of 1972</li> <li>• Age Discrimination Act of 1975</li> <li>• Americans with Disabilities Act of 1990</li> </ul>	
22. The applying vendor understands and agrees that a site visit will be conducted prior to a final decision regarding the award of a contract. Site visits will include a question and answer session with the applying vendor's director and CDS Coordinator. Staff must be knowledgeable of the requirements of the program.	
23. The applying vendor understands and agrees that the submission of a proposal does not guarantee MMAC's acceptance or approval of the proposal or that a contract or Medicaid enrollment to provide services will be awarded.	
24. The applying vendor understands and agrees that denial of a contract and/or subsequent Medicaid enrollment is the sole decision of MMAC. Decisions are made based on a variety of information including the proposal, site visit, past contractual performance, etc. and are not appealable to the Administrative Hearing Commission.	
<b>Affirmation</b>	
On behalf of the applying vendor, I affirm all statutory and regulatory requirements are incorporated into applying vendor's policies and procedures and documentation supporting compliance with such requirements will be maintained.	
I further affirm that the policies and procedures submitted with applying vendor's proposal are only a portion of the policies and procedures required to be developed and adhered to by the applying vendor and its employees. All documents and a policy manual will be available for review upon request.	
I further affirm the applying vendor will comply with all requirements outlined in this document, Consumer Directed Services Assurances.	
I further affirm that all documents and information submitted pursuant to applying vendor's proposal are true and correct to the best of my knowledge and belief and that all required documents are included with this proposal.	
I further affirm I am an individual or the representative of the applying vendor and am the duly authorized agent to execute this document on behalf of the applying vendor under authority granted by said applying vendor.	
LEGAL VENDOR NAME AS FILED WITH THE IRS AND SECRETARY OF STATE, INCLUDING DBA NAME (SOLE PROPRIETORS, INCLUDE NAME AND DBA NAME)	
FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)	TELEPHONE NUMBER
SIGNATURE OF AUTHORIZED REPRESENTATIVE	TITLE OF AUTHORIZED REPRESENTATIVE
TYPED OR PRINTED NAME OF AUTHORIZED REPRESENTATIVE	DATE