



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
MISSOURI MEDICAID AUDIT AND COMPLIANCE  
HOME AND COMMUNITY BASED SERVICES PROGRAMS  
**CONSUMER DIRECTED SERVICES PROPOSAL FOR CONTRACT**

The following information must be submitted to be considered for a participation agreement (contract) to provide consumer directed services. In order for the Missouri Medicaid Audit and Compliance Unit (MMAC) to conduct an efficient review of the business entity's proposal, the proposal must meet the requirements as outlined in the [Proposal Submission Requirements](#).

**Section I: Forms**

1. [CDS Proposal Checklist](#)
2. [Vendor Profile](#)
3. [Service Area Commitment](#) (SAC) indicating the geographic areas (counties) the applying provider plans to serve.
4. [Business Organizational Structure](#) (BOS) and all required documents as indicated by the section of the form completed

**Section II: Business Documentation**

1. Notification from the Internal Revenue Service of the business entity's Federal Employer Identification Number.
2. Notification from the Missouri Department of Revenue of the business entity's Missouri Employer Identification Number.
3. Current **Vendor No Tax Due** letter from the Missouri Department of Revenue. Information available at <http://dor.mo.gov/forms/943.pdf>.
4. The e-mailed verification of registration received from the Missouri Office of Administration (OA) (<https://missouribuys.mo.gov/>). Minimum registration required is "Standard" (no fee). Do not submit anything if the name, address and federal employer identification number are already registered with OA.
5. Copy of EVV (Electronic Visit Verification or Telephony) contract. A quote is acceptable during the proposal process, but a contract must be in place prior to the final approval for participation. Refer to RSMo 208.909.1.
6. National Provider Identification Number (NPI). Information is available at <https://nppes.cms.hhs.gov/#/>. You must register under the business name as an 02-Organizational Entity.
7. Business license. If a business license is not required submit a statement of explanation.
8. Lease agreement or deed for the office location.

**Section III: Business Plan**

Applying vendors must assure the MMAC that sufficient financial resources exist to provide continuous service to consumers. The use of a business plan will help entities manage their business and ensure financial stability. For assistance in developing a business plan, contact the Missouri Business Assistance Center (MBAC) at 573/751-2863 for a complete start-up package or information is available on their website at [www.missouribusiness.net](http://www.missouribusiness.net). At a minimum, the Business Plan must include the following information:

Company - Correct legal name of entity as filed with the Missouri Secretary of State, Internal Revenue Service ("IRS") and Missouri Department of Revenue ("DOR") and used throughout the proposal. Description of the entity including if it is new or existing, its history, purpose, etc.

Office/Plant - Office address and description of area and building. State whether the office is rented, leased or owned. If the business is located in a home, describe the space that is dedicated exclusively for business. Describe how the location meets the Americans with Disabilities Act's accessibility requirements.

Personnel - Describe how personal care attendants will be recruited to provide direct care.

- Describe how employees will be recruited for administrative and billing functions.
- Describe the prior experience or education that qualifies management to run this type of business.

Marketing - Describe the local market for this service.

- Describe the methods to be used to obtain consumers in this market.
- Describe what efforts, if any, will be used to expand beyond the local market.
- Describe what kind of payments will be sought (Medicaid reimbursement, Medicare, private pay, etc).

Financial Management – Describe a plan for management of the financial resources of the entity.

- Describe the qualifications of the person(s) handling the financial matters of the entity. Include the name(s) of the individual(s).
- Include a budget for starting the business and projected operating costs for the first year of operation.
- Identify the sources of revenue to be used to start the business.
- State how the agency will be able to provide fiscal conduit services (continuously meet financial responsibilities prior to state reimbursement).

#### **Section IV: Training**

Submit a detailed training and orientation plan for participants that meet the requirements of 19 CSR 15-8.400. Do not submit training materials to be used. Provide a copy of the agenda outlining each topic to be trained.

#### **Section V: Policies and Procedures**

1. Philosophy for promoting the consumer's ability to live independently in the most integrated setting or the maximum community inclusion of participants with physical disabilities in compliance with 19 CSR 15-8.400.
2. Policy and procedures for maintaining telephone contact with state agencies and participants during business hours and after business hours in compliance with the Program Requirements.
3. Policy and procedures for notifying participants of any changes in vendor's telephone number, address, and/or posted business hours in compliance with the Program Requirements.
4. Policy and procedures for quality assurance and supervision process that will ensure program compliance and accuracy of records in compliance with 19 CSR 15-8.400.
5. Policy and procedures regarding elder abuse, neglect and exploitation including identification and reporting in compliance with 660.300 – 192.2475 RSMo; 19 CSR 15-8.400, and the Program Requirements.
6. Policy and procedures for preventing and detecting conduct or actions that are improper or abusive of the MO HealthNet program, including reporting or resolution of improper or abusive conduct in compliance with 19 CSR 15-8.400 and 13 CSR 70-3.030. Improper conduct or actions include, but not limited to, misappropriation of participant property and/or funds, falsification of service delivery documents, falsification of agency records, etc.
7. Policy and procedures for suspending and closing services to participants in compliance with 19 CSR 15-8.400.
8. Policy and procedures for hiring personal care attendants in compliance with 19 CSR 15-8.400 and the Program Requirements.
9. Policy and procedures for maintaining participant files in compliance with 19 CSR 15-8.400, and Program Requirements.
10. Policy and procedures for filing claims for Medicaid reimbursement in compliance with 19 CSR 15-8.400.
11. Policy and procedures for performing payroll functions on behalf of participants in compliance with 19 CSR 15-8.400 and the Program Requirements.
12. A copy of the employment application to be completed by personal care attendants. The application must be in compliance with the Program Requirements.
13. Policy and procedures for ensuring personal care attendants are registered, screened and employable per the Family Care Safety Registry (FCSR) in compliance with 19 CSR 15-8.400, and the Program Requirements.
14. Policy and procedures for screening personal care attendants against the Employee Disqualification List (EDL) in compliance with 192.2490.1 RSMo and the Program Requirements.

#### **Section VI: Assurances**

Complete both pages of the [Consumer Directed Services Assurances](#) form. No additional documentation needs to be submitted with this form. However, applying vendor's policies and procedures must incorporate the assurances noted in items #4 through #21.

**Section VII: Screening Documentation**

Include in your proposal, a list of the exact name, date of birth and social security number(s) used, for all of the individuals listed below for screening purposes.

- All owners with more than 5% direct or indirect ownership or control interest, all corporate Officers, Directors, and members of LLCs.
- Executive Director and CDS Coordinator
- Each individual listed on the Business Organizational Structure
- Managing Employees” as defined in 13 CDS 65-2.010(21)

Registration with Family Care Safety Registry (FCSR) is required for individuals that will have direct contact with Medicaid participants, including but not limited, to those listed above. The registration should now be completed online. Visit <http://health.mo.gov/safety/fcsr/> for the online registry and instructions. Include the FCSR registration from DHSS with your proposal.

**SUBMIT THE COMPLETED PROPOSAL TO**

**Mailing Address:**

Missouri Medicaid Audit and Compliance  
Provider Contracts  
P.O. Box 6500  
Jefferson City, MO 65102-6500

**Physical Address:**

Missouri Medicaid Audit and Compliance  
Provider Contracts  
205 Jefferson St., 2<sup>nd</sup> Floor  
Jefferson City, MO 65101