**CONSUMER DIRECTED SERVICES FINANCIAL & SERVICE REPORT INSTRUCTIONS**

**SECTION I: GENERAL INFORMATION**

**Vendor Name**: Provide the legal full name of the agency

**Vendor Address**: Provide the agency’s full mailing address

**NPI:** Provide the agency’s ten digit National Provider Identifier (NPI) number

**Federal EIN:**  Provide the agency’s federal Employer Identification Number (EIN)

**Year (Quarter Reported)**: Provide the year and select the quarter being reported

**SECTION II: OVERSIGHT**

**Reported Complaints/Grievances**: Indicate the total number of complaints/grievances reported to the agency for the quarter being reported. For each complaint/grievance received, indicate if it was received from a consumer, attendant, family member or other. If other is chosen as a reported complaint/grievance, explain in Comments what the reported complaint/grievance was. Attach an additional sheet if necessary.

**SECTION III: MISSED CONTACTS**

**Missed Contacts:** Indicate the unduplicated number of consumers who were not contacted for their monthly case management monitoring. Include their DCN (no names or initials) and the reason(s) why they were not contacted in Section IV – Comments or add an additional sheet if necessary

**SECTION IV: FINANCIAL UTILIZATION**

**Total # of CDS Participants:** Indicate the total number of consumers served during the reported quarter.

**Total CDS Units Authorized:** Indicate the total number of CDS units for DME, MSP and ILW that were authorized by DHSS during the reported quarter for the consumers listed in the previous block.

**Total CDS Units Delivered:** Indicate the total number of CDS units for DME, MSP and ILW that were actually delivered during the reported quarter for the consumers listed in the first block of this section.

**SECTION V: CDS ATTENDANT PAYROLL**

***This section no longer requests information on vendor’s administrative costs. That information should be included in your annual financial audit.***

**Total of Paid CDS Claims**: Indicate the total amount of all CDS claims paid by MO HealthNet during the reported quarter

**Total Net CDS Attendant Payroll:** Enter the total net CDS payroll. This amount is the total of the amounts paid to the attendants.

**Total Medicare & OASDI Taxes:** Enter the total amount of Medicaid and OASDI taxes withheld from the attendants’ gross pay and the employer’s match paid on behalf of the consumer/employer.

**Total Federal Income Tax Withheld:** Enter the total amount of federal income tax withheld from the attendants’ gross pay

**Total State Income Tax Withheld:** Enter the total amount of state income tax withheld from the attendants’ gross pay

**Total FUTA and SUTA Contributions:** Enter the total amount of federal and state unemployment contributions paid on behalf of CDS consumers/employers

**Other:** Enter the total amount of other items that were paid on behalf of CDS consumers/employers for CDS attendants. This could be city/county taxes or wage garnishments

**Total CDS Payroll Expenditures:** Enter the total amount for all payrolls during the reporting quarter. The total amount includes amounts paid to attendants, amounts withheld from attendants’ pay and the consumer/employer payroll costs.

**Total Number of CDS Attendants:**  Enter the total number of CDS attendants who were paid during the reporting quarter. Each attendant should only be counted once during the reporting quarter.

**SECTION VI: COMMENTS**

**Comments:** Enter any comments from Sections II or III. Add an additional sheet if necessary

**SECTION VII: REPORT CERTIFICATION**

Complete all blocks in section.

* Hand sign and date the report form.
* Type or Printed name and title of person signing along with business telephone number.
* Type or print the business E-mail.
* Type or print the name of the current Electronic Visit Verification (EVV) vendor your agency is using.

Submit signed and dated report to MMAC 30 days after the end of the calendar quarter to one of the methods listed (mailing address, fax number, or email address).

**IF YOU DID NOT HAVE ANY AUTHORIZED CDS CONSUMERS DURING THE QUARTER, FOLLOW THESE INSTRUCTIONS:**

* Complete all blocks in Section I
* Place a “O” in the first block of Section IV (Total X of CDS Participants)
* Check the last box in Section VII and then sign/date the report.