



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 MISSOURI MEDICAID AUDIT AND COMPLIANCE UNIT
CONSUMER DIRECTED SERVICES SERVICE AREA COMMITMENT

This form must be accompanied by either a Proposal for Contract or a Change Request form.
<https://mmac.mo.gov/providers/provider-enrollment/home-and-community-based-services/provider-contracts-forms/>
Please note: MMAC will not add counties that are more than 100 miles from the office location.

Place an X by **ALL** of the services/counties your agency will be servicing (if you have a satellite office, one form for each location is required).

BUSINESS NAME:			
CONTACT E-MAIL:			NPI:
REGION 1	REGION 1 cont'd	REGION 2 cont'd	REGION 4 cont'd
Adair	Oregon	Madison	Clinton
Audrain	Osage	Mississippi	Dade
Boone	Ozark	New Madrid	Daviess
Callaway	Phelps	Pemiscot	DeKalb
Camden	Pike	Perry	Gentry
Christian	Pulaski	Reynolds	Grundy
Clark	Putnam	Ripley	Harrison
Cole	Ralls	Scott	Henry
Cooper	Randolph	St. Francois	Hickory
Crawford	Schuyler	Ste. Genevieve	Holt
Dallas	Scotland	Stoddard	Jackson
Douglas	Shannon	Wayne	Jasper
Franklin	Shelby	Washington	Johnson
Gasconade	St. Charles	REGION 3	Lafayette
Greene	Stone	St. Louis City	Lawrence
Howard	Sullivan	St. Louis Co.	Livingston
Howell	Taney	REGION 4	McDonald
Knox	Texas	Andrew	Mercer
Laclede	Warren	Atchison	Newton
Lewis	Webster	Barry	Nodaway
Lincoln	Wright	Barton	Pettis
Linn	REGION 2	Bates	Platte
Macon	Bollinger	Benton	Polk
Maries	Butler	Buchanan	Ray
Marion	Cape Girardeau	Caldwell	Saline
Miller	Carter	Carroll	St. Clair
Moniteau	Dent	Cass	Vernon
Monroe	Dunklin	Cedar	Worth
Montgomery	Iron	Chariton	
Morgan	Jefferson	Clay	
I hereby propose service for the county(ies) checked above and agree and understand service must be provided throughout the <u>entire</u> county(ies).			
AUTHORIZED SIGNATURE:			DATE:
NAME OF SIGNER:			TITLE:
FULL ADDRESS/CITY/STATE/ZIP THIS APPLIES TO::			