



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 MISSOURI MEDICAID AUDIT AND COMPLIANCE UNIT  
**IN-HOME SERVICES SERVICE AREA COMMITMENT**

This form must be accompanied by either a proposal or a Change Request form and can be found at <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).

**REGION 1 is continued on the next page.**  
**If selecting a county in region 1, pages 1 and 2 must be submitted.**

| BUSINESS NAME:  |               |               |                   |            |               |                |            |
|-----------------|---------------|---------------|-------------------|------------|---------------|----------------|------------|
| CONTACT E-MAIL: |               |               |                   |            |               | NPI:           |            |
| REGION 1        | PERSONAL CARE |               |                   | RESPITE    |               | OTHER          |            |
|                 | BASIC (PC)    | Advanced (AC) | Nurse Visits (RN) | Basic (R2) | Advanced (R3) | Homemaker (HC) | Chore (H2) |
| Adair           |               |               |                   |            |               |                |            |
| Audrain         |               |               |                   |            |               |                |            |
| Boone           |               |               |                   |            |               |                |            |
| Callaway        |               |               |                   |            |               |                |            |
| Camden          |               |               |                   |            |               |                |            |
| Christian       |               |               |                   |            |               |                |            |
| Clark           |               |               |                   |            |               |                |            |
| Cole            |               |               |                   |            |               |                |            |
| Cooper          |               |               |                   |            |               |                |            |
| Crawford        |               |               |                   |            |               |                |            |
| Dallas          |               |               |                   |            |               |                |            |
| Douglas         |               |               |                   |            |               |                |            |
| Franklin        |               |               |                   |            |               |                |            |
| Gasconade       |               |               |                   |            |               |                |            |
| Greene          |               |               |                   |            |               |                |            |
| Howard          |               |               |                   |            |               |                |            |
| Howell          |               |               |                   |            |               |                |            |
| Knox            |               |               |                   |            |               |                |            |
| Laclede         |               |               |                   |            |               |                |            |
| Lewis           |               |               |                   |            |               |                |            |
| Lincoln         |               |               |                   |            |               |                |            |
| Linn            |               |               |                   |            |               |                |            |
| Macon           |               |               |                   |            |               |                |            |
| Maries          |               |               |                   |            |               |                |            |
| Marion          |               |               |                   |            |               |                |            |
| Miller          |               |               |                   |            |               |                |            |
| Moniteau        |               |               |                   |            |               |                |            |
| Monroe          |               |               |                   |            |               |                |            |
| Montgomery      |               |               |                   |            |               |                |            |



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|--|---------------|---------------|-------------------|------------|---------------|----------------|------------|
| CONTACT E-MAIL:  |               |               |                   |            |               | NPI:           |            |
| REGION 1<br>CONT'D FROM PG 1   | PERSONAL CARE |               |                   | RESPITE    |               | OTHER          |            |
|  | BASIC (PC)    | Advanced (AC) | Nurse Visits (RN) | Basic (R2) | Advanced (R3) | Homemaker (HC) | Chore (H2) |
| Morgan   |               |               |                   |            |               |                |            |
| Oregon   |               |               |                   |            |               |                |            |
| Osage  |               |               |                   |            |               |                |            |
| Ozark  |               |               |                   |            |               |                |            |
| Phelps   |               |               |                   |            |               |                |            |
| Pike   |               |               |                   |            |               |                |            |
| Pulaski  |               |               |                   |            |               |                |            |
| Putnam   |               |               |                   |            |               |                |            |
| Ralls  |               |               |                   |            |               |                |            |
| Randolph   |               |               |                   |            |               |                |            |
| Schuyler   |               |               |                   |            |               |                |            |
| Scotland   |               |               |                   |            |               |                |            |
| Shannon  |               |               |                   |            |               |                |            |
| Shelby   |               |               |                   |            |               |                |            |
| St. Charles  |               |               |                   |            |               |                |            |
| Stone  |               |               |                   |            |               |                |            |
| Sullivan   |               |               |                   |            |               |                |            |
| Taney  |               |               |                   |            |               |                |            |
| Texas  |               |               |                   |            |               |                |            |
| Warren   |               |               |                   |            |               |                |            |
| Webster  |               |               |                   |            |               |                |            |
| Wright   |               |               |                   |            |               |                |            |
| 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::  |               |               |                   |            |               |                |            |



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|--|---------------|---------------|-------------------|------------|---------------|----------------|------------|
| CONTACT E-MAIL:  |               |               |                   |            |               | NPI:           |            |
| REGION 2   | PERSONAL CARE |               |                   | RESPITE    |               | OTHER          |            |
|  | BASIC (PC)    | Advanced (AC) | Nurse Visits (RN) | Basic (R2) | Advanced (R3) | Homemaker (HC) | Chore (H2) |
| <b>Bollinger</b>   |               |               |                   |            |               |                |            |
| <b>Butler</b>  |               |               |                   |            |               |                |            |
| <b>Cape Girardeau</b>  |               |               |                   |            |               |                |            |
| <b>Carter</b>  |               |               |                   |            |               |                |            |
| <b>Dent</b>  |               |               |                   |            |               |                |            |
| <b>Dunklin</b>   |               |               |                   |            |               |                |            |
| <b>Iron</b>  |               |               |                   |            |               |                |            |
| <b>Jefferson</b>   |               |               |                   |            |               |                |            |
| <b>Madison</b>   |               |               |                   |            |               |                |            |
| <b>Mississippi</b>   |               |               |                   |            |               |                |            |
| <b>New Madrid</b>  |               |               |                   |            |               |                |            |
| <b>Pemiscot</b>  |               |               |                   |            |               |                |            |
| <b>Perry</b>   |               |               |                   |            |               |                |            |
| <b>Reynolds</b>  |               |               |                   |            |               |                |            |
| <b>Ripley</b>  |               |               |                   |            |               |                |            |
| <b>Scott</b>   |               |               |                   |            |               |                |            |
| <b>St. Francois</b>  |               |               |                   |            |               |                |            |
| <b>Ste. Genevieve</b>  |               |               |                   |            |               |                |            |
| <b>Stoddard</b>  |               |               |                   |            |               |                |            |
| <b>Wayne</b>   |               |               |                   |            |               |                |            |
| <b>Washington</b>  |               |               |                   |            |               |                |            |
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| NAME OF SIGNER:  |               |               |                   |            |               | TITLE:         |            |
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| CONTACT E-MAIL:  |               |               |                   |            |               | NPI:           |            |
| REGION 3   | PERSONAL CARE |               |                   | RESPITE    |               | OTHER          |            |
|  | BASIC (PC)    | Advanced (AC) | Nurse Visits (RN) | Basic (R2) | Advanced (R3) | Homemaker (HC) | Chore (H2) |
| St. Louis City   |               |               |                   |            |               |                |            |
| St. Louis Co.  |               |               |                   |            |               |                |            |
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| AUTHORIZED SIGNATURE:  |               |               |                   |            |               | DATE:          |            |
| NAME OF SIGNER:  |               |               |                   |            |               | TITLE:         |            |
| FULL ADDRESS/CITY/STATE/ZIP THIS APPLIES TO::  |               |               |                   |            |               |                |            |

**REGION 4 is continued on the next page.**  
**If selecting a county in region 4, pages 4 and 5 must be submitted.**

| BUSINESS NAME:  |               |               |                   |            |               |                |            |
|-----------------|---------------|---------------|-------------------|------------|---------------|----------------|------------|
| CONTACT E-MAIL: |               |               |                   |            |               | NPI:           |            |
| REGION 4        | PERSONAL CARE |               |                   | RESPITE    |               | OTHER          |            |
|                 | BASIC (PC)    | Advanced (AC) | Nurse Visits (RN) | Basic (R2) | Advanced (R3) | Homemaker (HC) | Chore (H2) |
| Andrew          |               |               |                   |            |               |                |            |
| Atchison        |               |               |                   |            |               |                |            |
| Barry           |               |               |                   |            |               |                |            |
| Barton          |               |               |                   |            |               |                |            |
| Bates           |               |               |                   |            |               |                |            |
| Benton          |               |               |                   |            |               |                |            |
| Buchanan        |               |               |                   |            |               |                |            |
| Caldwell        |               |               |                   |            |               |                |            |
| Carroll         |               |               |                   |            |               |                |            |
| Cass            |               |               |                   |            |               |                |            |
| Cedar           |               |               |                   |            |               |                |            |
| Chariton        |               |               |                   |            |               |                |            |
| Clay            |               |               |                   |            |               |                |            |
| Clinton         |               |               |                   |            |               |                |            |



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| REGION 4<br>CONT'D FROM PG 4   | PERSONAL CARE |               |                   | RESPITE    |               | OTHER          |            |
|  | BASIC (PC)    | Advanced (AC) | Nurse Visits (RN) | Basic (R2) | Advanced (R3) | Homemaker (HC) | Chore (H2) |
| Dade   |               |               |                   |            |               |                |            |
| Daviess  |               |               |                   |            |               |                |            |
| DeKalb   |               |               |                   |            |               |                |            |
| Gentry   |               |               |                   |            |               |                |            |
| Grundy   |               |               |                   |            |               |                |            |
| Harrison   |               |               |                   |            |               |                |            |
| Henry  |               |               |                   |            |               |                |            |
| Hickory  |               |               |                   |            |               |                |            |
| Holt   |               |               |                   |            |               |                |            |
| Jackson  |               |               |                   |            |               |                |            |
| Jasper   |               |               |                   |            |               |                |            |
| Johnson  |               |               |                   |            |               |                |            |
| Lafayette  |               |               |                   |            |               |                |            |
| Lawrence   |               |               |                   |            |               |                |            |
| Livingston   |               |               |                   |            |               |                |            |
| McDonald   |               |               |                   |            |               |                |            |
| Mercer   |               |               |                   |            |               |                |            |
| Newton   |               |               |                   |            |               |                |            |
| Nodaway  |               |               |                   |            |               |                |            |
| Pettis   |               |               |                   |            |               |                |            |
| Platte   |               |               |                   |            |               |                |            |
| Polk   |               |               |                   |            |               |                |            |
| Ray  |               |               |                   |            |               |                |            |
| Saline   |               |               |                   |            |               |                |            |
| St. Clair  |               |               |                   |            |               |                |            |
| Vernon   |               |               |                   |            |               |                |            |
| Worth  |               |               |                   |            |               |                |            |
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