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MISSOURI MEDICAID AUDIT & COMPLIANCE UNIT  
P.O. BOX 6500 • JEFFERSON CITY, MO 65102-6500  
[WWW.DSS.MO.GOV](http://WWW.DSS.MO.GOV) • 573-751-3399

Dear MO HealthNet Provider Applicant:

Thank you for your interest in the Missouri Medicaid **PERSONAL CARE** program.

A provider of Personal Care services must have a valid participation agreement with the Missouri Department of Social Services (DSS) Missouri Medicaid Audit & Compliance Unit (MMAC). An investigation of the provider's professional background will be conducted pursuant to 13 CSR 70-3.020(2). The validation of the participation agreement depends on the Director of Social Services or his/her designee's acceptance of an application for enrollment.

In order to receive federal funds and participate in the Missouri Medicaid Program, all providers must comply with all applicable civil rights laws and regulations in the delivery of services. It is the provider's responsibility to review the civil rights information via the Internet at <http://dss.mo.gov/files/missouri-nondiscrimination-policy-statement.htm>

Enrollment requirements to provide Personal Care in an RCF or ALF:

- Submit a copy of the current RCF or ALF license from the Missouri Department of Health and Senior Services (DHSS), Division of Regulation and Licensure, Section for Long-Term Care Regulation.
- Upon approval of your provider application, you may provide Personal Care services to Medicaid participants in your RCF or ALF **ONLY**. If you wish to provide Personal Care services in the community, you must submit an In-Home Services proposal to MMAC and be approved for an In-Home Services contract before services can be approved. Information regarding the In-Home Services proposal process is available on the MMAC website at: <https://mmac.mo.gov/providers/provider-enrollment/home-and-community-based-services/contract-proposal-information/>
- Submit a copy of one of the following preprinted federal documents to verify the legal payment name registered with the IRS: CP-575 or 147C letter; 941 Employer's Quarterly Federal Tax Return, Form 8109 Tax Coupon, or a letter from the IRS with the assigned tax ID number and legal name.

In addition to the above, all applicants must complete the following enrollment forms:

- RCF/ALF Provider Profile Form
- Business Organizational Structure (BOS) form with required attachments as indicated by the section of the form completed.
- Notification from the Missouri Department of Revenue of the business entity's Missouri Employer Identification Number (EIN).
- Current Vendor No Tax Due letter from the Missouri Department of Revenue. Information on obtaining the letter is available at: <http://dor.mo.gov/business/sales/notaxdue/>
- The emailed verification of registration received from the Missouri Office of Administration (OA) at <https://missouribuys.mo.gov/> Do not submit anything if the agency name, address and federal EIN are already registered ~~state~~ vendor with OA.

- National Provider Identification (NPI) number. This needs to be a Type 2 organizational NPI. You can print out your NPI from the following website: <https://nppes.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.do>
- Personal Care Questionnaire for RCF or ALF
- MO HealthNet Provider Enrollment Application
- Title XIX Personal Care Participation Agreement
- Missouri Office of Administration Vendor Input/ACH-EFT Application.
- DSS-MMAC Electronic Funds Transfer Authorization form. Include a preprinted, voided check or a letter from your bank with the legal name of the account holder, routing number and account number.
- On a separate sheet of paper, provide the full names (including maiden name), date of birth, and social security number for each owner, member, partner, corporate officer or director, and managing employee as defined in 13 CSR 65-2.010(21)
- Family Care Safety Registry (FCSR) documentation for each person listed above.
- A copy of confirmation of Enrollment Application Fee payment. Information on the required enrollment application fee is available at: <https://mmac.mo.gov/providers/provider-enrollment/new-providers/application-fee/>

**ADVANCED PERSONAL CARE SERVICES** are available to persons with significant impairments, who require medical devices and procedures which assist with daily living. Examples of needs for advanced personal care are persons who require lift for transfers, or participants who require assistance with colostomies or catheters.

To provide **ADVANCED PERSONAL CARE SERVICES** in addition to **PERSONAL CARE** services, the following is necessary:

- Submit a “MO HealthNet Personal Care Program Addendum to Title XIX Participation Agreement for Personal Care Services” form.
- Upon approval of your provider application, you may provide Advance Personal Care services to Medicaid participants in your RCF or ALF ONLY. If you wish to provide Advanced Personal Care services in the community, you must submit an In-Home Services proposal to MMAC and be approved for an In-Home Services contract before services can be approved. Information regarding the In-Home Services proposal process is available on the MMAC website at: <https://mmac.mo.gov/providers/provider-enrollment/home-and-community-based-services/contract-proposal-information/>

Please submit all requested forms and supporting documentation to: Missouri Medicaid Audit & Compliance (MMAC), Provider Contracts Section, P.O. Box 6500, Jefferson City, MO 65102. The physical address for mailing is MMAC Provider Contracts Section, 205 Jefferson Street, 2<sup>nd</sup> Floor, Jefferson City, MO 65102.

Upon receipt of enrollment forms and required attachments, your application will be reviewed. MMAC staff will contact you if additional information is required. If your application is approved, you will be assigned a unique provider identification number, with an effective date matching the date your

application was received by MMAC, unless otherwise requested. You will receive an approval letter stating your provider number and effective date of enrollment. Providers must file the [http://manuals.momed.com/collections/collection\\_per/print.pdf](http://manuals.momed.com/collections/collection_per/print.pdf) for claims electronically. The MO HealthNet “Personal Care” Provider Manual is available at:  
[http://manuals.momed.com/collections/collection\\_per/print.pdf](http://manuals.momed.com/collections/collection_per/print.pdf)

If your enrollment application is denied, you will receive notification by letter from MMAC, along with the reason(s) for denial.

If you have questions or need assistance completing the enrollment forms, please contact the MMAC Contracts Section at [MMAC.IHSContracts@dss.mo.gov](mailto:MMAC.IHSContracts@dss.mo.gov), before submitting the enrollment packet.

ANY future changes to your provider records must be submitted in writing to the MMAC Contracts Section using a completed MMAC Change Request Form. The MMAC Contracts Section must approve the change before it will be effective.

Provider Contracts Section

Missouri Medicaid Audit and Compliance Unit

AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES

TDD / TTY: 800-735-2966

RELAY MISSOURI: 711

*Missouri Department of Social Services is an Equal Opportunity Employer/Program.*