



DEPARTMENT OF SOCIAL SERVICES
 MISSOURI MEDICAID AUDIT AND COMPLIANCE UNIT
MISSOURI MEDICAID ASSISTED LIVING FACILITY PROVIDER PROFILE

PLEASE TYPE OR PRINT CLEARLY

SECTION 1: VENDOR INFORMATION – MAIN OFFICE INFORMATION

LEGAL BUSINESS NAME AS FILED WITH THE IRS: – (sole member name should not be listed here as it's not the same as a sole proprietor)

DBA NAME AS FILED WITH THE MO SECRETARY OF STATE, IF APPLICABLE:

PHYSICAL ADDRESS

CITY STATE ZIP

MAILING ADDRESS, IF DIFFERENT FROM ABOVE:

CITY STATE ZIP

LICENSE NUMBER:

NPI:

FEDERAL EIN:

MO EIN:

BUSINESS PHONE:

BUSINESS FAX:

BUSINESS E-MAIL ADDRESS:

SECTION 2: PERSONNEL INFORMATION – INCLUDE A CURRENT FCSR SCREENING FOR ALL PERSONS LISTED BELOW

EXECUTIVE DIRECTOR NAME:

ALIASES:

DATE OF HIRE: DATE OF BIRTH: SSN:

ON-SITE MANAGER NAME:

ALIASES:

DATE OF HIRE: DATE OF BIRTH: SSN:

ADMINISTRATOR NAME:

ALIASES:

DATE OF HIRE: DATE OF BIRTH: SSN: LICENSE #:

SECTION 3: OTHER UPDATES:

IF CHANGES HAVE OCCURRED FOR ANY OF THE FOLLOWING, EXCEPT EVV, SUBMIT A CHANGE REQUEST:

<https://mmac.mo.gov/providers/provider-enrollment/home-and-community-based-services/provider-contracts-forms/>

OTHER E-MAIL ADDRESS AND PHONE NOT LISTED ABOVE

DAYS AND HOURS OF OPERATION

VENDOR PROFILE FORM INSTRUCTIONS**SECTION 1: VENDOR INFORMATION**

Legal Business Name	Enter the name as filed with the Internal Revenue Service (IRS) and Missouri Secretary of State, This name must match the legal name as filed with the Missouri Secretary of State, Internal Revenue Service (IRS) and Missouri Department of Revenue (DOR).
Doing Business As Name	DBA name, if applicable. Sole Proprietors include DBA name.
Physical Address	Enter the physical location of the main office.
Mailing Address	Enter the mailing address for the main office, if different from the physical address.
Federal Tax ID	Enter the Federal Employer Identification Number (FEIN) assigned to the business by the IRS.
Missouri Tax ID	Enter the State Employer Identification Number (SEIN) assigned to the business by DOR
National Provider Identification Number	Enter the National Provider Identification Number (NPI). The NPI must be in the business name and the entity type should be 02-Organizational
License Number	Enter the DHSS Adult Day Care License Number.
Telephone Number	Enter the primary business telephone number.
Fax Number	Enter the fax number for the main office.
E-mail Address	Enter the e-mail address for the main office

SECTION 2: PERSONNEL INFORMATION – INCLUDE A CURRENT FCSR SCREENING FOR ALL PERSONS LISTED BELOW

Executive Director Name	List the name of the executive director – this person will also need to be listed on the BOS form
Aliases	List any aliases
Date Of Hire	List the date of hire
Date Of Birth	List the executive director's date of birth for screening purposes
SSN	List the executive director's ssn for screening purposes
On-Site Manager Name	List the name of the On-Site Manager – this person is considered a managing employee and must be listed appropriately on the BOS.
Aliases	List any aliases
Date Of Hire	List the date of hire
Date Of Birth	List the On-Site Manager's date of birth for screening purposes
SSN	List the On-Site Manager's ssn for screening purposes
RN Supervisor Name	List the name of the CDS Coordinator – this person is considered a managing employee and must be listed appropriately on the BOS.
Aliases	List any aliases
Date Of Hire	List the date of hire
Date Of Birth	List the RN Supervisor's date of birth for screening purposes
SSN	List the RN Supervisor's ssn for screening purposes
License Number	List the RN Supervisor's license number.

SECTION 3: OTHER UPDATES:

Alternate e-mails or phone numbers	Submit a change request by following the link provided.
Days and Hours of Operation	Submit a change request by following the link provided.