



DEPARTMENT OF SOCIAL SERVICES
 MISSOURI MEDICAID AUDIT AND COMPLIANCE UNIT
MISSOURI MEDICAID CONSUMER DIRECTED SERVICES VENDOR PROFILE

PLEASE TYPE OR PRINT CLEARLY

SECTION 1: VENDOR INFORMATION – MAIN OFFICE INFORMATION		
LEGAL BUSINESS NAME AS FILED WITH THE IRS: – (sole <u>member</u> name should <u>not</u> 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
FEDERAL EIN:	MO EIN:	NPI:
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:
CDS COORDINATOR NAME:		
ALIASES:		
DATE OF HIRE:	DATE OF BIRTH:	SSN:
OFFICE ADDRESS WHERE CDS COORDINATOR WORKS:		
SECTION 3: OTHER UPDATES:		
IF CHANGES HAVE OCCURRED FOR ANY OF THE FOLLOWING, EXCEPT EVV, <u>SUBMIT A CHANGE REQUEST:</u> https://mmac.mo.gov/providers/provider-enrollment/home-and-community-based-services/provider-contracts-forms/		
HCBS CARE PLAN OR OTHER E-MAIL ADDRESS AND PHONE		
DAYS AND HOURS OF OPERATION		
COUNTIES SERVICED – THIS ALSO REQUIRES A COMMITMENT FORM		
SATELLITE OFFICE UPDATES – MUST SUBMIT A LEASE AGREEMENT, DEED AND BUSINESS LICENSE FOR THE LOCATION		
FISCAL YEAR		
EVV VENDOR: <i>DO NOT SEND A CHANGE REQUEST</i> - NOTIFY SANDATA OF THE CHANGE BY E-MAIL AT: MOAltevv@sandata.com		

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
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
CDS Coordinator 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 coordinator's date of birth for screening purposes
SSN	List the coordinator's ssn for screening purposes
Address Where Coordinator Works	List the address where the coordinator will mainly work from.
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.
Counties serviced	Submit a change request by following the link provided.
Satellite office updates	Submit a change request by following the link provided.
Fiscal Year changes	Submit a change request by following the link provided.
EVV Vendor changes	Send an e-mail to MOAltevv@sandata.com