



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 MISSOURI MEDICAID AUDIT AND COMPLIANCE  
**HCBS SETTING ASSURANCES**

LEGAL PROVIDER NAME AS FILED WITH THE IRS AND SECRETARY OF STATE, INCLUDING DBA NAME (SOLE PROPRIETORS, INCLUDE NAME AND DBA NAME)

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1. Applying provider understands and agrees to complete the HCBS Setting Requirements Provider Self-Assessment form as required for enrollment with Missouri Medicaid Audit and Compliance (MMAC). The Provider Self-Assessment form can be found online at the MMAC website "[HCBS Provider Main Page - MMAC](#)". Completed surveys must be submitted to MMAC.HCBSSettings@dss.mo.gov.

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2. Applying provider understands and agrees that the director and managing employees as defined in 13 CSR 65-2.010(25) and 13 CSR 65-2.010(40) have attended the HCBS Setting Requirement training provided by MMAC/DHSS. If no, please provide a complete explanation on why the provider was unable to attend the training. Include attachments, if necessary.

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3. Applying provider understands and agrees that the provider has trained all staff (paid and voluntary) and will train all new staff (paid and voluntary) on the HCBS Setting Requirements; will maintain information and resources to be to be available at all times.

**Affirmation**

On behalf of the applying provider, I affirm the applying provider will comply with all requirements outlined in this document (HCBS Setting Requirements Assurances).

I further affirm that all documents and information submitted pursuant to this application are true and correct to the best of my knowledge and belief and that all required documents are included with this application.

I further affirm I am an individual or the representative of the applying provider and am the duly authorized agent to execute this document on behalf of the applying provider under authority granted by said applying provider.

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FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)	TELEPHONE NUMBER
SIGNATURE OF AUTHORIZED REPRESENTATIVE	TITLE OF AUTHORIZED REPRESENTATIVE
TYPED OR PRINTED NAME OF AUTHORIZED REPRESENTATIVE	DATE

Revised 10/22

Missouri Medicaid Audit and  
 Compliance Provider Enrollment  
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