Consumer Directed Services Vendor Annual Report

Consumer Directed Services (CDS) vendors should complete this form annually and submit it to the Missouri Medicaid Audit & Compliance (MMAC) unit with the fourth quarter CDS service and financial report. This form must be complete, signed, and include the printed name and title of the submitter or it may be rejected.

Participant Information

Legal Name of CDS Vendor	National Provider Identifier (NPI)	Telephone Number

Business Email	Has your agency had any authorized CDS clients during the past calendar year? ☐ Yes ☐ No

Positive Impact Examples

Provide three (3) examples from the past calendar year that demonstrate how your agency's CDS services positively impacted MO HealthNet participant outcomes. These three (3) examples represent your agency as a whole, rather than three separate examples for each individual consumer. If you need more space, continue your descriptions on an additional sheet. To protect privacy, do not include any participant names or MO HealthNet IDs (DCNs) in your response.

Example 1

Example 2

Example 3

Annual Certification

I certify to the best of my knowledge and belief that all quarterly CDS service and financial reports required by 19 CSR 15-8.400 were submitted to MMAC during the past calendar year.

Authorized Signature	Date

Printed Name of Authorized Signer	Title of Authorized Signer