Consumer Directed Services Quarterly Financial & Service Report

Consumer Directed Services (CDS) vendors should complete this form quarterly…
This form should be completed and submitted within 30 days after the end of each calendar quarter to **MMAC.CDS@DSS.MO.GOV**
Reports that are incomplete, not signed, and/or don't have the printed name and title of the authorized signer will be rejected.

Section I: Provider Information

Legal Name of CDS Vendor	National Provider Identifier (NPI)	Employer Identification Number (EIN)

Business Email	Telephone Number

Street Address	City	State	Zip Code

Select Quarter
☐ January 1 – March 31; Due April 30
☐ April 1 – June 30; Due July 31
☐ July 1 – September 30; Due October 31
☐ October 1 – December 31; Due January 31

Year

Section II: Oversight

Reported Complaints/Grievances	Consumer	Attendant	Family	Other
Abuse				
Neglect				
Exploitation				
Falsification of EVV Records orTimesheets				
Payroll – Personnel Issues				
Services Not Delivered				
Program Fraud				
Consumer Fraud				
Other				
Total Report Complaints/Grievances				

Section III: Missed Contacts

Number of Missed Contacts	1st Month	2nd Month	3rd Month	Total
Consumers Not Contacted				

Attach a list of consumers not contacted for their monthly case management monitoring. Include their Department Client Number (DCN), no names or initials, and the reason(s) they were not contacted. Vendors must perform case management activities with consumers at least monthly to provide ongoing monitoring of the provision of services in the plan of care.

Section IV: Financial Utilization

Total Number of CDS Participants	Total CDS Units Authorized	Total CDS Units Delivered

Section V: CDS Attendant Payroll

	Total		Total
Total of Paid CDS Claims (In Dollars)		Total Net CDS Attendant Payroll	
Total Medicare & OASDI Taxes		Total Federal Income Tax Withheld	
Total State Income Tax Withheld		Total FUTA and SUTA Contribution	
Other: (i.e., city or county taxers)		Other (i.e., city or county taxes)	
Total CDS Payroll Expenditures		Total Number of CDS Attendants	

Section VI: Additional Information and Comments

Have all applicable federal, state, and local taxes and employment contributions including, but not limited to, payroll taxes and unemployment insurance taxes been paid for this agency and all agency employees (under the agency's Employer Identification Number (EIN), and on behalf of all personal care attendants and consumers (under the consumer's individual EIN number) during this quarter?
☐ Yes ☐ No

Did you have authorized CDS consumers during this quarter?
☐ Yes ☐ No

Name of Current Electronic Visit Verification (EVV) Vendor

Comments

Section VII: Report Certification

I certify to the best of my knowledge and belief that this report is correct and complete and that all expenditures are for the purposes set forth in the state statutes, regulations, and provider manuals governing the MO HealthNet Program, Consumer Directed Services Program, and the Independent Living Waiver.

Authorized Signature	Date

Printed Name of Authorized Signer	Title of Authorized Signer