

Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010 RELAY MISSOURI for Hearing and Speech Impaired: 1-800-735-2466 VOICE: 1-866-735-2460



Michael L. Parson Governor

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August 22, 2019

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MEMORANDUM FOR ALL HOME AND COMMUNITY BASED SERVICES PROVIDERS

FROM: Kitty Engler, Bureau Chief

Bureau of Long Term Services and Supports

SUBJECT: Provider Voluntary Termination Reminder

Randall W. Williams, MD, FACOG

This memorandum is a reminder Home and Community Based Services (HCBS) providers part of your contractual and regulatory requirement as an enrolled provider with the Department of Social Services (DSS) Missouri Medicaid Audit and Compliance (MMAC) Unit it is your responsibility to submit a Change Request Form anytime there is a change in address, contact number or request to voluntary terminate your enrollment in the program.

As defined in the Code of State Regulation (CSR), specifically 13 CSR 65-2.010 Definitions:

(45) Voluntary termination means that a provider submits written confirmation to MMAC of its decision to discontinue enrollment in the MO HealthNet Program.

Additionally, under the Terms and Conditions, Section V in your contract with MMAC it states that the provider is required to notify MMAC at least thirty (30) calendar days prior to the date of closing. The responsible submitting Request provider for Change MMAC.IHSContracts@dss.mo.gov or faxing the form to (573) 634-3105. With the Change Request Form, the provider shall include a letter expressing their desire to terminate their enrollment with MO HealthNet and their National Provider Identifier (NPI) number, a copy of the written notice that has been sent to The Department of Health and Senior Services (DHSS), Division of Senior and Disability Services (DSDS) and a copy of the letter that has been provided to the participants about your agency closing.

Adhering to the guidelines outlined in the MMAC contract, particularly when terminating enrollment, it allows DSDS to contact participants to secure a new provider without a lapse in services.

Questions regarding this memorandum should be directed to the Bureau of Long Term Services and Supports (BLTSS) via e-mail at LTSS@health.mo.gov or by telephone at 573-526-8557.

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