



Missouri Department of Health and Senior Services

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INFO 12-23-01

December 6, 2023

MEMORANDUM FOR AGENCY-MODEL HOME AND COMMUNITY BASED SERVICES PROVIDERS

FROM: Melanie Highland, Director 
Division of Senior and Disability Services

SUBJECT: Consumer Directed Services Operational Survey

This memorandum serves to advise Home and Community Based Services (HCBS) Consumer Directed providers that the Division of Senior and Disability Services (DSDS) will be releasing the second cycle for the Consumer Directed Services (CDS) Operational Survey on January 2, 2024. This survey will collect statistics on vital direct care workforce information and administrative functions and their associated costs. These metrics will help inform future programmatic and policy initiatives, as well as payment methodologies.

This survey is **only** for HCBS providers that provide CDS services. Agency-model, Residential Care Facility/Assisted Living Facilities, and Adult Day Care facilities **are not** included in this survey.

The survey will be distributed via e-mail and completed online using the link provided in the e-mail invitation. Invitations to participate in the survey will be sent to the business e-mail address on file with Missouri Medicaid Audit and Compliance (MMAC). To ensure all eligible providers receive the invitation to participate, please ensure your information is accurate with MMAC. If changes are needed, please complete the required form and fax to MMAC by December 20, 2023 to ensure your survey link is sent to the accurate email address.

Survey invites will be sent January 2, 2024. The survey will close on February 29, 2024. Providers who do not receive an invite, but believe they should have, should notify DSDS via e-mail at DSDS.Surveys@health.mo.gov. Providers who receive more than one invite should only complete the survey one time on behalf of your entire CDS agency (legal entity). Providers who are dually enrolled as an agency model or ADC provider must be able to isolate and report on only CDS data in order to participate in the survey.

The survey is comprehensive and it is recommended agencies open and begin reviewing the survey right away to ensure all necessary information is available for reporting. Accurate reporting is essential to informing future HCBS fiscal and programmatic changes. Providers should not submit the survey if they are unable to accurately answer all questions.

DSDS will issue a one-time value based payment of \$2,000 to eligible providers that complete the survey fully and accurately. This payment will be issued in April 2024, and can be seen on your remittance advice. A future memo will be sent notifying providers of the exact payment date.

Survey payment is tied to the Medicaid ID number you enter during the survey. Medicaid numbers are 9 digits and begin with 26, 28, 29, or 85. If you do not know your Medicaid ID number, please call Provider Communications at 573-751-2896 and they will be able to assist you. If an accurate Medicaid number is not entered, payment will not be issued.

Questions regarding this memorandum should be directed to DSDS via e-mail at DSDS.Surveys@health.mo.gov.

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