



MISSOURI DEPARTMENT OF SOCIAL SERVICES
MISSOURI MEDICAID AUDIT AND COMPLIANCE UNIT

**MO HEALTHNET MEDICALLY COMPLEX ADULT WAIVER PROGRAM
ADDENDUM TO THE MMAC PROVIDER AGREEMENT FOR HOME
HEALTH, PERSONAL CARE OR PRIVATE DUTY NURSING SERVICES**

It is agreed by provider, that pursuant to and in compliance with all conditions of its MMAC Provider Agreement, the provider will comply with the standards, policies, and procedures as required by the MO HealthNet Division in providing private duty nursing services or waiver attendant care for individuals served under the MO HealthNet Medically Complex Adult Waiver Program as set out in the Missouri Medically Complex Adult Waiver Program Supplement Provider Manual.

It is agreed that the provider will submit all claims for payment using the appropriate procedure codes for services provided under the Medically Complex Adult Waiver program and will use these procedure codes only for Medically Complex Adult Waiver program participants.

It is understood by the provider that this agreement is temporary and is only in effect while the Medically Complex Adult Waiver program is approved and in effect and the provider's MO HealthNet provider agreement remains in effect. This supplemental agreement will be terminated upon termination of the program, and such termination will be effective as of the expiration date of the waiver. None of the services will be provided under the Medically Complex Adult Waiver program upon termination of the program and no claims will be reimbursed for services provided on dates of services after the expiration of the waiver. The MMAC will send the provider written notice fourteen (14) days prior to the termination of the program.

Circle or check off the enrollment type intended for Medically Complex Waiver:

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(In Home Services - 26)

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(Home Health Agency - 58)

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(Private Duty Nursing - 94)

PROVIDER NAME

NATIONAL PROVIDER IDENTIFIER (NPI)

TELEPHONE NUMBER WITH AREA CODE

SIGNATURE OF AUTHORIZED INDIVIDUAL

PRINTED NAME OF PERSON SIGNING

TITLE OF PERSON SIGNING

DATE OF SIGNATURE

Return To:

Missouri Medicaid Audit and Compliance (MMAC)
Provider Enrollment Unit PO
Box 6500
Jefferson City, MO 65102

FAX #: (573) 634-3105

E-Mail: mmac.providerenrollment@dss.mo.gov