



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 MISSOURI MEDICAID AUDIT AND COMPLIANCE UNIT  
**ADDENDUM TO THE MMAC PROVIDER AGREEMENT FOR  
 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, provider will comply with the standards, policies, and procedures as required by the MO HealthNet Division in providing personal care or private duty nursing services for AIDS Waiver Program as set out in the AIDS Waiver Provider Manual.

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

It is understood by the provider that this agreement is temporary and is only in effect while the AIDS Waiver is approved. 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 AIDS 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.

PROVIDER NAME	
NATIONAL PROVIDER IDENTIFIER (NPI)	TELEPHONE NUMBER
SIGNATURE OF OWNER OR ADMINISTRATOR	TITLE OF PERSON SIGNING
PRINT NAME OF PERSON SIGNING	DATE SIGNED

RETURN TO

Missouri Medicaid Audit and Compliance (MMAC)  
 Provider Enrollment Unit  
 205 Jefferson St., 2<sup>nd</sup> Fl  
 PO Box 6500  
 Jefferson City, MO 65102

e-mail: [mmac.providerenrollment@dss.mo.gov](mailto:mmac.providerenrollment@dss.mo.gov)