



**MISSOURI DEPARTMENT OF SOCIAL SERVICES
 DIVISION OF MEDICAL SERVICES
 MISSOURI MEDICAID PHYSICAL DISABILITIES WAIVER PROGRAM
 ADDENDUM TO TITLE XIX PARTICIPATION AGREEMENT FOR
 HOME HEALTH, PRIVATE DUTY NURSING, OR PERSONAL CARE
 PROVIDER**

It is agreed by _____ that, pursuant to and in compliance
agency name
 with all conditions of its Title XIX Participation Agreement dated _____, provider
 number _____, that it will comply with the standards, policies, and procedures as required
 by the Division of Medical Services in providing private duty nursing (PDN) or waiver attendant care for
 individuals served under the Missouri Medicaid Physical Disabilities Waiver Program as set out in the
 Missouri Physical Disabilities Waiver Program Supplement to their provider manual.

It is agreed that the provider will submit claims for payment using the appropriate procedure codes for
 services provided under the Physical Disabilities Waiver Program and will use these procedure codes only
 for the Physical Disabilities Waiver Program recipients.

It is further understood by the provider that this agreement is temporary and is only in effect while the
 Physical Disabilities Waiver Program is approved and in effect and the provider's Medicaid participation
 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 Physical Disabilities Waiver Program upon termination of the
 program and no claims will be reimbursed for services provided on dates of service after the expiration of
 the waiver. The Division of Medical Services will send the provider written notice fourteen (14) days
 prior to the termination of the program.

Agency Name:	Address:
	City:
	State/Zip:
Original Signature of Agency Owner/Authorized Representative:	Title:
	Date:
	Telephone Number:

Return to: Division of Medical Services
 Provider Enrollment Unit
 615 Howerton Court
 P.O. Box 6500
 Jefferson City, Mo. 65102