



MISSOURI DEPARTMENT OF SOCIAL SERVICES (DSS)
 MO HEALTHNET DIVISION (MHD)

**MO HEALTHNET AIDS/HIV WAIVER PROGRAM
 ADDENDUM TO THE MO HEALTHNET PROVIDER AGREEMENT FOR
 HOME HEALTH OR PRIVATE DUTY NURSING SERVICES**

It is agreed by _____ that, pursuant to and in compliance with all
 (PROVIDER/AGENCY NAME)
 conditions of its MO HealthNet Provider Agreement, provider identifier _____, it will
 comply with the standards, policies, and procedures as required by the MO HealthNet Division in providing
 private duty nursing for AIDS/HIV Waiver Program as set out in the Missouri AIDS/HIV Waiver program
 Supplement to the Home Health Manual.

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

It is understood by the provider that this agreement is temporary and is only in effect while the AIDS/HIV 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/HIV 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 MO HealthNet Division will send the provider
 written notice fourteen (14) days prior to the termination of the program.

PROVIDER/AGENCY NAME	PROVIDER ADDRESS	
ORIGINAL SIGNATURE OF OWNER OR ADMINISTRATOR	TELEPHONE NUMBER	
PRINT NAME AND TITLE OF PERSON SIGNING	DATE SIGNED	

RETURN TO:
 MO HealthNet Division
 Provider Enrollment Unit
 615 Howerton Court
 PO Box 6500
 Jefferson City, MO 65102
 E-mail: providerenrollment@dss.mo.gov