

**WISCONSIN MEDICAID  
PERSONAL CARE PROVIDERS ADDENDUM**

Wisconsin Medicaid requires certain information to enable the program to authorize and pay for medical services provided to eligible members.

Personally identifiable information about providers or other entities is used for purposes directly related to program administration such as determining the certification of providers or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of payment for services.

The use of this form is mandatory.

**Instructions:** Type or print clearly.

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I, \_\_\_\_\_, \_\_\_\_\_,  
(Name of Provider) (Provider ID)

hereby affirm that we meet the following requirements:

- Has a cash flow sufficient to cover operating expenses for 60 days, independent of Wisconsin Medicaid reimbursement, as required by Wis. Admin. Code § DHS 105.17(1g)(a), and uses a financial accounting system that complies with generally accepted accounting principles, as required by § DHS 105.17(1g)(b).
- Provides personal care services in a cost-effective manner, has a documented quality assurance mechanism and quality assurance activities; and affirms that employees possess knowledge of and training and experience with special needs, including independent living needs of the Medicaid member groups receiving services, as required by Wis. Admin. Code §§ DHS 105.17(1e)(b)(1) and (3).
- Has a documented system of personnel management if more than one personal care worker is employed, as required by Wis. Admin. Code § DHS 105.17(1n).
- In the case of personal care workers who are not employees of the personal care provider, specify all required training, qualifications, and services to be performed in a written personal care provider contract between the personal care provider and personal care workers and maintain a copy of that contract on file. Documents the performance of personal care services by personal care workers by maintaining timesheets of personal care workers that will document the types and duration of services provided by funding source, as required by Wis. Admin. Code § DHS 105.17(1n)(f)(fm).

Further, I attest that we have the Personal Care Provider Plan of Operation, Grievance Mechanism, and Member's Choice of Personal Care forms on file per Wis. Admin. Code §§ DHS 105.17(1e)(c), 105.17(1w)(h), and 105.17(1w)(e).

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<b>SIGNATURE</b> — Provider	Date Signed
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