

Provider Checklist

Adult Long-Term Care Enrollment

Ready to start the process of becoming a Medicaid-enrolled adult long-term care (LTC) provider? Adult LTC providers who deliver home and community-based services (HCBS) may use this checklist to enroll with Wisconsin Medicaid on the ForwardHealth Portal (the Portal) at forwardhealth.wi.gov. We'll guide you every step of the way.

Reminders:

- 1** The enrollment deadline is **January 1, 2026**. Applications may take up to 60 days to process. We encourage you to apply early.
- 2** If you are a residential provider or provider of services at a fixed-site facility, you must enroll with Wisconsin Medicaid and receive a unique Medicaid ID for each physical location. Refer to the ForwardHealth Online Handbook at forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx, scroll down the page and accept the licensing agreement, and search for topic #23490, Enrollment by Physical Service Location, for a list of fixed-site facilities.

Enrollment Resources

- Find more information on the Provider Enrollment System for Adult Long-Term Care page at forwardhealth.wi.gov/WIPortal/cms/public/ltc/providerenrollment.htm.
- View the Adult LTC Provider Enrollment Training video in the Adult Long-Term Care Programs drop-down menu of the Portal Trainings page at forwardhealth.wi.gov/WIPortal/cms/page/trainings/home for a step-by-step demonstration on how to complete an enrollment application.
- Start your enrollment by clicking the Start or Continue Your Enrollment Application link at forwardhealth.wi.gov/WIPortal/Subsystem/Certification/EnrollmentCriteria.aspx on the Provider Enrollment Information page.

Key Contacts

- ForwardHealth Provider Services can answer enrollment and policy questions. Call 800-947-9627, Monday–Friday 7 a.m.–6 p.m. Central Time (CT).
- The ForwardHealth Portal Help Desk can answer technical questions on the Portal functions, including accounts, registrations, passwords, and more. Call 866-908-1363, Monday–Friday 8:30 a.m.–4:30 p.m. (CT).

Adult Long-Term Care Provider Enrollment

Step-by-Step Instructions

Gather Information

Having details and documents on hand will make it easier for you to enter this information:

- Any ownership or controlling interest related to the adult LTC provider (Refer to the Online Handbook at forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx and search for topic #14317, Terminology to Know for Provider Enrollment, for definitions of ownership or controlling interest.)
- Criminal conviction and termination disclosure information
- Address information, including Practice Location, Mailing Location, and 1099 Mailing Location
- All tax information, including Taxpayer Identification Number (TIN) and TIN effective dates

Note: Either an Employer Identification Number or an individual's Social Security number can be used for the TIN.

Complete Your Application

You have 10 calendar days to complete your enrollment application once you start it. Refer to the Enrollment Application and Tracking Process page of the Portal at forwardhealth.wi.gov/WIPortal/Subsystem/Certification/EnrollmentCriteria.aspx?topic=3 for more information on saving an application.

Beginning Enrollment Information

1. Go to forwardhealth.wi.gov.
2. Click the **Become a Provider** link in the Providers box on the left side of the page to get enrollment information and start an application.
3. Click the **Start or Continue Your Application** link. You can either start a new enrollment or continue a previous enrollment.
4. Under **To Start a New Medicaid Enrollment**, click the **Medicaid/Border Status Provider Enrollment Application** link.
5. Read through the **instructions**. Click **Next**.
6. Select the **Type of Applicant**. Click **Next**.
7. Individual: Select the button that you are not employed by a clinic. Click **Next**.
8. Select **Type of Enrollment**. Click **Next**.
9. Select **Provider Type**. Refer to the Online Handbook at forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx and search for topic #23491, Adult Long-Term Care Waiver Provider Enrollment Guide, for more information on each provider type. Click **Next**.
10. Select **Provider Specialty**. Click **Next**.
11. Select the **Waiver Services** applicable to you. Click **Next**.
12. Select the **Waiver Programs** you wish to provide services for. Click **Next**.
13. Individual: Complete all required information for **Individual Name**. Click **Next**.
14. Organization: Enter the organization name and language(s), if applicable, for **Identifying Information**. Click **Next**.
If you have a certificate from the Division of Quality Assurance, a managed care organization, or the Wisconsin Department of Health Services (DHS), this name must match the facility name on your certificate.

15. Organization: Select the **Type Of Business** from the list of options: Sole Proprietor, Corporation for Nonprofit, Corporation for Profit, Limited Liability, Partnership, and Government. Select **State of Registration**. Click **Next**.

Address and Other Details

1. Fill in **Address Information: Practice Location** and **Mailing Address**.
2. Fill in **Financial Information: Tax Information, Checks and Remittance Advice Address**, and **1099 Mailing Address**. Click **Next**.
The Taxpayer Name must exactly match your tax name on file with the Internal Revenue Service (IRS).
3. Select the **County** and **Tribes** you serve. Click **Next**.
4. Enter your **Medicaid Service Provider** and **Medicaid Member Count**. Click **Next**.
5. Enter any appropriate **license or credentialing information**—do not include letters if they are in the license number. Click **Next**.
6. Enter **Medicare** and **Medicaid** information. Click **Next**.
7. Individual: Complete all information on the **Background Information Disclosure** page. All previous convictions, regardless of severity, must be disclosed when answering the second question.
8. Individual: Complete information for addresses you have lived at in the past three years. Click **Add** for each address. Click **Next**.
9. Answer Yes or No to the **Criminal Conviction/Termination Disclosures** questions. Click **Next**.

10. Provide detailed information about criminal conviction disclosures and termination disclosures, if applicable. Click **Next**.

Owner/Controlling Interest/Manager Information

1. Indicate any **Owner/Controlling Interest in Applicant**. Click **Next**.
2. Add any **Owner/Controlling Interest Relationships**. Click **Next**.
3. Provide additional information in the **Owner/Controlling Interest in Applicant—Disclosing Organization(s) Detail** panel. Click **Next**.
4. Enter the information for the **Managing Employee**. Click **Next**.
5. Answer **Yes** or **No** to the **Subcontractor and Owner Relationships to Subcontractors** questions. Click **Next**.

Attestation and Provider Agreement

1. If applicable, review the **Attestation** statements, check all boxes, sign, and date. Click **Next**.
2. Next, review the **Provider Agreement**, and confirm you agree to the statements listed in the Agreement. Click **Next**.

Documentation

1. **Upload Supporting Documents**, such as licenses or certifications. Acceptable file formats are JPG, JPEG, TXT, RTF, CSV, and PDF. Click **Next**.

Review the How to Upload Documents video in the Adult Long-Term Care Programs section of the Training page at forwardhealth.wi.gov/WIPortal/cms/page/trainings/home for additional information on uploading documents.

2. 1–2 bed adult family home (AFH), 3–4 bed AFH, community-based residential facility (CBRF), residential care apartment complex (RCAC), and Adult Day Care providers must upload a copy of their certificate.
3. Providers of these services must upload a copy of supporting documentation showing they are qualified to provide the service (certificate, license, or resume):
 - Community Services & Support—Other
 - Health and Wellness
 - Counseling and Therapeutic Services—Other
 - Home Modifications—Environmental Accessibility Adaptations

Providers who have an HCBS Compliance Letter from DHS must upload a copy.

Submit the Application

1. Carefully read the **Summary**. Click **Submit**.
2. **Print Enrollment Documents** to save them or print a hard copy. Click **Next**.
3. At the **Enrollment Application Submitted** screen, save the **Application Tracking Number (ATN)** for your records.

Wait for Your Enrollment Decision

We will usually notify you of your enrollment status within 10 business days after receiving your complete application, but no longer than 60 business days.

You can track the status of your enrollment application through the Portal by entering your ATN in the Enrollment Tracking Search tool at forwardhealth.wi.gov/WIPortal/Subsystem/Provider/EnrollmentTracking.aspx. You will see current information on the status of your application, such as whether it is being processed or has been returned for more information.

If your application is approved, you will receive a welcome letter at the mailing address submitted on your application with instructions on how to request a PIN for the Portal.

Your next step is to create a Portal account:

- Go to forwardhealth.wi.gov.
- Click the **Login** link.
- At the bottom of the Sign In box, click **Logging in for the First Time?** and enter the Login ID and PIN provided in the PIN letter.

If ForwardHealth needs additional documentation to process the application, it will be returned to you. You will receive a letter informing you what is needed. You must respond by mail within 30 business days.

If the application is denied, you will receive a letter with the denial reason.