Q&A: Enrollment for Adult Long-Term Care Waiver Providers

The Wisconsin Department of Health Services (DHS) created a centralized enrollment system for providers who serve members and participants in the state's adult long-term care (LTC) waiver programs: Family Care, Family Care Partnership, Program of All Inclusive Care for the Elderly (PACE), and IRIS (Include, Respect, I Self-Direct). This system complies with federal requirements. DHS is also using this opportunity to standardize, streamline, and automate the Wisconsin Medicaid enrollment process for adult LTC waiver services providers.

Please note this Q&A represents the information available at the time the questions were asked. Answers will be updated as needed. Relevant policy and guidance can be found in the ForwardHealth Online Handbook and Adult Long-Term Care Updates, which are available on the ForwardHealth Portal (the Portal).

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Enrollment

Question	Answer
What are adult LTC waiver services?	An adult LTC waiver service is any service or support that a person may need because of a disability, getting older, or a chronic illness that limits their ability to independently do the things that are part of their daily routine. This includes things such as bathing, getting dressed, making meals, going to work, and paying bills. Adult LTC waiver services are also referred to as home and community-based services (HCBS). Wisconsin offers adult LTC waiver services through four programs: Family Care, Family Care Partnership, PACE, and IRIS. Find Family Care, Family Care Partnership, and PACE service definitions in the Family Care/Family Care Partnership Contract. Find IRIS service definitions in the IRIS Service Definition Manual.
What are state plan services?	State plan services are services to which Medicaid and BadgerCare Plus members are entitled. State plan services include acute and primary medical services such as physician and hospital services, drugs, mental health and substance use treatment, and physical therapy. Other types of services covered under state plan services include nursing home services, personal care, non-emergency medical transportation, and other services. Service options vary based on the requirements of each program.
What is a Wisconsin Medicaid Provider ID, and why do providers need one?	A Medicaid Provider ID is a unique number that is assigned to identify a provider who has been approved and certified to provide services for members and participants enrolled in Wisconsin Medicaid programs. Wisconsin adult LTC waiver service providers must have a Medicaid Provider ID issued by ForwardHealth to be reimbursed by a managed care organization (MCO) or an IRIS fiscal employer agent (FEA).

Question	Answer
How do providers get information about the enrollment requirement?	Enrollment resources, including instructions, checklists, policy information, and recorded training videos are available on the Provider Enrollment for Adult Long-Term Care page.
UPDATED—How are current adult LTC waiver service providers entered into the ForwardHealth provider enrollment system?	Individual or sole proprietor providers, provider agencies, and organizations are required to complete an application through the Portal.
Do providers need multiple Medicaid Provider IDs if they are providing different types of services?	It will depend on the provider, the types of services offered, and whether those services are tied to a physical location. Most providers only need one Medicaid provider ID, but there may be some providers who offer services in certain settings that require multiple Medicaid provider IDs (for example, a community-based residential facility [CBRF] on the same campus as an adult day care). Find information about multiple locations on the Portal.
Are employees of an agency (for example, a personal care agency) required to enroll individually?	No. Employees of an agency will not be required to enroll individually, nor will they receive a separate Medicaid Provider ID.
Where can providers find a list of the information and documents needed to enroll?	• ForwardHealth has published Adult Long-Term Care Updates about enrollment policy. • The ForwardHealth Online Handbook has policy information. • The Adult Long-Term Care Enrollment Provider Checklist (PDF) has additional information.

Question	Answer

If a provider operates multiple facilities with different physical locations, does each one need to be enrolled separately?	Certain adult LTC waiver service providers must complete enrollment and receive a unique Medicaid Provider ID for each physical service location. Providers who must enroll by each physical location include:
	• Residential providers:
	  ○ 1–2 bed adult family home
	  ○ 3–4 bed adult family home
	  ○ CBRF
	  ○ Residential care apartment complex
	• Aging and disability resource agency (when any of the following services are provided):
	  ○ Adult day care services
	  ○ Day services—facility-based
	• Non-residential day and vocational services (when any of the following services are provided):
	  ○ Adult day care services
	  ○ Day Services—facility-based
	  ○ Prevocational services—facility-based

Does the provider need to enroll separately for each county or Tribe they serve?	No. Most provider types and specialties only need to enroll once and indicate which counties and Tribes they serve on the provider application.
When enrolling, can a provider choose more than one provider type, or do they need to enroll for each provider type separately?	The provider will need to enroll in each provider type and specialty separately. The ForwardHealth enrollment system has grouped waiver services under provider types and specialties to minimize multiple enrollments as much as possible.
How are different addresses (physical and mailing) clarified for providers when enrolling using the Portal?	The enrollment application includes a separate field for different types of addresses. Specific instructions regarding address types for waiver providers are provided in training videos and presentations and in the Online Handbook Provider Addresses topic #23488.
Does DHS collect the provider's email address and contact information?	Yes. DHS will collect an email address and other contact information as part of the enrollment application.

Question	Answer
Can someone else enroll the provider on their behalf if the provider cannot enroll using the Portal?	MCOs and IRIS FEAs may agree to complete enrollment, re-enrollment, revalidation, or submit demographic updates on behalf of a provider as a third-party delegate. MCOs and FEAs are the only agencies authorized to serve as third-party delegates.
How do providers submit attestations if they enroll with assistance from a third-party delegate?	Providers need to provide signed paper copies of all relevant attestations to the third-party delegate (the MCO or the IRIS FEA) completing the enrollment on their behalf.
Are self-directed support (SDS) workers and participant-hired workers (PHWs) required to enroll through ForwardHealth?	No. Individual SDS workers and PHWs will continue to be certified through MCOs and IRIS FEAs. These worker types will not enroll through ForwardHealth, but they will be assigned Medicaid Provider IDs. Agencies who employ SDS workers will need to enroll at the agency level as a Medicaid provider through the Portal.
What if a provider needs to be enrolled quickly (for example, for a member or participant who is being discharged from the hospital)?	In urgent situations, providers must contact the contracted MCO or the participant's IRIS FEA for assistance.
How does a provider update their address prior to enrollment?	Providers who need to update their address information before enrollment can reach out to the MCO or IRIS FEA they work with to get the information updated.
How does a provider update their address after an application has been submitted but not yet approved?	The provider will need to call Provider Services at 800-947-9627 for instructions on how to update the address.
How does a provider update their address after an application has been approved?	After enrollment, providers will update their address information using the Demographic Maintenance tool on the Portal. The Adult LTC: Waiver Provider Demographic Maintenance training video shows providers how to update their information on the Portal.
Is there a possibility for DHS to waive the enrollment requirement for some providers?	No, enrollment is a federal requirement, DHS cannot waive it.

Question	Answer
Is there an application fee to enroll?	No, there isn't an application fee for adult LTC waiver providers who only serve members and participants in Family Care, Family Care Partnership, PACE, and IRIS.
How do providers determine which provider type and specialty to select on the application?	This information can be found in the Online Handbook Adult Long-Term Care Waiver Provider Enrollment Guide topic #23491. The Adult Long-Term Care (LTC): Waiver Provider Enrollment Guide training video on the Trainings page of the Portal demonstrates how to use the enrollment guide.
If a facility name is different from a business name or Doing Business As (DBA), which one should be used on the ForwardHealth provider enrollment application?	When completing the **Name—Organization** field in the application, providers should use the facility name listed on the certificate from Division of Quality Assurance (DQA), DHS, or an MCO. On the **Owner/Controlling Interest** page of the enrollment application, providers should enter the business name or DBA.
Can an application be edited once it has been submitted?	No. Once the application has been submitted, it cannot be edited. Contact the ForwardHealth Provider Services Call Center at 800-947-9627 for help with application questions.
How would an agency that provides state plan services enroll to provide waiver services to members and participants?	The state plan provider would add waiver services to their existing Medicaid Provider ID. The Adult Long-Term Care (LTC): Add a Waiver Service training video (4 min. 18 s.) has more information.
What is a National Provider Identifier (NPI)? Is it required to enroll?	An NPI is a number typically assigned to health care providers. Only Waiver Nurse Service providers are required to have an NPI to complete the application process.
Is an NPI required to set up a provider's Portal account?	No. Providers can scroll to the bottom option on the Request Portal Access page to request a secure Portal account without an NPI.

Question	Answer
How do providers determine if they are a sole proprietor on the enrollment application?	A sole proprietor is defined as a person who is the exclusive owner of a business, entitled to keep all the profits after tax has been paid but liable for all losses.

Background Checks

Question	Answer
Does DHS conduct background checks on all staff and employees at agencies or organizations?	No. DHS performs background checks and ongoing screening on owners, persons with a controlling interest, agents, and managing employees. Organizations and agencies must perform and attest that they are performing necessary background checks and ongoing screening on their staff to ensure compliance with DHS requirements for participation in the Medicaid program.
Are additional background checks required for facilities already certified or licensed by the DQA, MCO, or DHS?	No. Licensed or certified facilities (adult family homes, CBRFs, residential care apartment complexes, adult day cares) do not need additional background checks during Medicaid enrollment or revalidation. The background checks performed during MCO or DHS HCBS certification and DQA licensure of the facility will be considered sufficient for credentialing purposes.
Do minor offenses from several years ago need to be listed on the Background Information Disclosure page of the application?	Yes. All previous convictions, regardless of severity, must be listed on the Background Information Disclosure page of the application.

Provider Qualifications: Credentials, Licensing, and Other Screenings

Question	Answer
UPDATED—Are there any changes in the requirements to be a provider for adult LTC waiver programs?	The provider standards and requirements outlined in the 1915(b) and 1915(c) waivers continue to apply.

Question	Answer
Does the provider enrollment system ensure that licenses, certifications, and/or other required credentials are valid and current?	Yes. Providers are not able to enroll or re-enroll if they don't have an active license. Once enrolled, providers will be terminated if their certificate, license, or other required credentials are invalid or expired. Providers will not receive a notice from ForwardHealth to upload their most current license or certificate. Once uploaded and processed, providers will be able to check their secure Portal account to see the new license or certificate end date.
Residential providers have license numbers for each location; can they use the license number instead of assigning individual Medicaid Provider IDs?	No. A Medicaid Provider ID is specific to Wisconsin's ForwardHealth system. It is assigned as a part of provider enrollment. The system cannot use other license numbers as Medicaid Provider IDs.
Have the procedures for screening, certification, and enrollment for PHWs and SDS workers changed?	No. PHWs and SDS workers continue to be screened, certified, and enrolled by MCOs and IRIS FEAs. These worker types will not enroll through ForwardHealth.
Are providers checked against the Social Security Death Master File and other federal exclusion databases?	Yes. ForwardHealth checks the Social Security Death Master File and other federal exclusion databases regularly.
MCOs verify certain information annually. Does the provider enrollment system verify this information annually?	The provider enrollment system verifies information from various sources on a regular basis. Additionally, some provider types are required to submit updated credentials such as licenses annually.
Does the provider enrollment system automatically check for insurance information on an annual basis? If providers submit insurance documents to the system, does the enrollment system serve as a repository for insurance information that MCOs or IRIS FEAs could access?	The provider enrollment system does not collect insurance information and is not a repository for insurance documents. The MCO or IRIS FEA will still need to collect insurance documents from providers.

Question	Answer
What must the provider do to maintain their Medicaid enrollment?	The provider must revalidate enrollment every three years, update their demographic information when changes occur, and ensure all licenses and DQA, MCO, DHS, or other credentials remain current.

Provider Type-Specific Questions

Question	Answer
How do 1–2 bed adult family homes (AFHs) become certified?	1–2 bed AFHs will continue to be certified by an MCO in Family Care, Family Care Partnership, or PACE or DHS for IRIS. These providers need to enroll with ForwardHealth **after** the 1–2 bed AFH has been certified.
When should 1–2 bed AFH providers upload their new certification?	Providers should upload their new certificate as soon as they receive it. Providers will log in to their secure Portal account and use the Demographic Maintenance tool to upload the document. Find more information in the ForwardHealth Provider Portal Account User Guide (PDF). Providers will not receive a notice from ForwardHealth to upload their certificate. Once uploaded and processed, providers will be able to check their secure Portal account to see the new certificate end date. Providers are responsible for maintaining all required credentialling.

Services and Billing

Question	Answer
Are there any impacts on the service definitions and service codes currently in place for waiver programs?	No. Service definitions and service codes for billing purposes have not changed because of centralized provider enrollment.
If the provider bills through an MCO or IRIS FEA, do they still have to enroll as a Medicaid provider using the Portal?	Yes. All adult LTC waiver service providers need to enroll with Wisconsin Medicaid through the Portal except individual SDS workers and PHWs. Once the provider is enrolled, the MCO will contract with the provider, and the provider may complete onboarding with IRIS FEAs.

Question	Answer
Are there new billing requirements for waiver providers?	The current billing and claim submission processes for Family Care, Family Care Partnership, PACE, and IRIS services have not changed because of the provider enrollment project. To stay informed about any changes that could occur, providers should reach out to the MCO they are contracted with or the IRIS participant's FEA.
Does a provider need to be enrolled in Medicaid and Medicare to receive Medicaid payment for Medicare crossover claims?	A provider needs to be enrolled in ForwardHealth in order for ForwardHealth to process a Medicare crossover claim.
NEW—Are Tribal providers required to enroll with Wisconsin Medicaid?	Yes, Tribal providers are required to complete an application and obtain a Wisconsin Medicaid ID to be reimbursed for long-term care services.

Contracts and Rates

Question	Answer
Are rates shared across MCOs and IRIS FEAs?	No. Contract-specific information, including rates, remains between the provider and the MCO or the IRIS FEA.
If an MCO or IRIS participant terminates a contract with a provider, will that information be made available to other MCOs or IRIS participants through the new system?	No. Contract-specific information between the providers and the MCOs and IRIS participants is not part of a provider's enrollment file and will not be visible to others.

Supportive Home Care and Electronic Visit Verification

Question	Answer
What is electronic visit verification (EVV)?	EVV information is available on DHS website.

Question	Answer
How does an EVV-only provider update their enrollment through ForwardHealth?	When EVV organizations first enrolled with Wisconsin Medicaid for EVV, ForwardHealth collected basic information about the organization. To update the enrollment, log in to the Portal and provide the additional information. **ForwardHealth is using the term "revalidation" for the process of converting an EVV-only enrollment to a full Medicaid enrollment. Providers will keep the same provider ID after revalidation.** Once revalidated, the provider will be a fully certified Medicaid provider and will meet all state and federal requirements to deliver adult LTC waiver services. Providers received a letter from ForwardHealth in late August 2025 directing them to revalidate their Medicaid enrollment.
Why did these changes happen?	Some EVV providers (mostly supportive home care providers) were previously enumerated with a "shell" record that contained minimal information. EVV providers are required to have a full provider file with Wisconsin Medicaid through ForwardHealth. Rather than having these EVV providers complete a separate enrollment with a different Medicaid ID, they can update their partial enrollment to a fully certified waiver provider enrollment.
Did DHS communicate with EVV providers about revalidation?	Yes, DHS sent out emails to providers informing them of the revalidation process. Providers received a letter from ForwardHealth in late August 2025 directing them to revalidate their Medicaid enrollment.

Question	Answer
What training is available?	The Provider Enrollment for Adult Long-Term Care page contains recorded training videos to guide providers through adult LTC provider enrollment. These trainings are also posted on the Trainings page under the Adult Long-Term Care Programs drop-down menu.
UPDATED—How do supportive home care (SHC) providers enroll if they are not participating in EVV?	SHC providers who do not provide services requiring them to participate in EVV will complete a new provider enrollment application, select Waiver Supportive Home Care Agency as the provider type, and **select Supportive Home Care as the service.** Providers will use the Medicaid/Border Status Provider Enrollment Application to enter all needed information to become fully certified.

System Features

Question	Answer
Does the system collect a provider's financial information to eliminate the need for providers to give that information to each MCO or IRIS FEA?	No. This system will verify a provider's credentials and, if qualified, enroll the provider with Wisconsin Medicaid. MCOs or IRIS FEAs will remain responsible for collecting any required financial information from the provider.
Is Children's Long-Term Support (CLTS) part of this provider enrollment system?	No. This provider enrollment system is specific to adult LTC waiver service providers.
NEW—Does a provider who has enrolled with ForwardHealth as a CLTS provider also need to enroll as an adult waiver services provider?	Yes. If providers also serve adults, they will need to complete a waiver services application.
Does the provider enrollment system indicate when a provider has a contract with an MCO or IRIS FEA?	No. The provider enrollment system does not list the MCOs or IRIS FEAs a provider works with.
Which providers will be included in the ForwardHealth provider directory?	Most enrolled adult LTC waiver service providers will be included in the ForwardHealth provider directory.

Question	Answer
Would MCOs and IRIS FEAs be able to search the system for all the services connected to a single Medicaid Provider ID?	MCOs and IRIS FEAs receive daily files that list all the services each provider is certified for.
What does a provider do if they cannot recall their Portal password?	Call the Portal Help Desk at 866-908-1363, Monday–Friday, 8:30 a.m.–4:30 p.m. Central Time for assistance.
Who does a provider call for assistance with the Portal?	Call the Portal Help Desk at 866-908-1363, Monday–Friday, 8:30 a.m.–4:30 p.m. Central Time for assistance.

Assistance for Providers

Question	Answer
What resources are available to providers during enrollment?	DHS offers communications, recorded trainings, and phone and online support for providers, MCOs, IRIS FEAs, and other impacted partners on the Provider Enrollment for Adult Long-Term Care page.
Who do providers contact if they are having issues completing an application?	Providers should contact ForwardHealth Provider Services at 800-947-9627.
How does a provider sign up to get adult LTC announcements?	Providers can sign up for the adult LTC waiver provider email subscription list on the Subscription page of the Portal. DHS encourages providers to sign up for this list to receive an email when a new Update has been published. Refer to the ForwardHealth Portal Email Subscription User Guide (PDF) for guidance on registering to receive email notifications.
Is there a user guide to help providers with their ForwardHealth Portal Account?	Yes, the ForwardHealth Provider Portal Account User Guide (PDF) contains information on setting up and maintaining the Portal account.

Revalidation and Re-Enrollment

Question	Answer
What is the timeframe for revalidation of provider enrollment?	All providers must revalidate their Medicaid enrollment every three years.
What happens if providers do not complete a revalidation?	If a provider doesn't complete revalidation, ForwardHealth will terminate the provider's enrollment. A terminated provider is ineligible to be reimbursed for Medicaid adult LTC waiver services. Any claims made by providers not actively enrolled at the time services were rendered will be denied.
Will all provider enrollments have the same revalidation date?	No. Each provider will have a revalidation date three years from the initial enrollment or last revalidation date.
What happens to providers whose credentials end within the three-year enrollment period?	All licenses and credentials need to remain current and valid through the three-year enrollment period; otherwise, the provider's enrollment will be terminated from Wisconsin Medicaid for not complying with enrollment requirements.
How can providers keep information current in their ForwardHealth file?	Providers should log in to their secure Portal account and use the Demographic Maintenance tool to update credentials, address, and other provider-related information.
Will providers be reminded when their revalidation date is approaching?	Yes. DHS will communicate multiple times to remind providers when they need to revalidate enrollment. DHS will send 90-day, 45-day, and 15-day advance reminders.
If a provider needs to re-enroll, can their enrollment be backdated?	No. If a provider fails to complete their revalidation, their Medicaid enrollment can't be backdated. If they want to become a Medicaid adult LTC waiver service provider again, they must submit a re-enrollment application. Depending on when their new application is approved, there may be a lapse in enrollment. Any claims made by providers not actively enrolled at the time services were rendered will be denied.

Key Definitions

Term	Definition
Adult Long-Term Care (LTC) program	The adult LTC program refers to: • Family Care. • Family Care Partnership. • IRIS (Include, Respect, I Self-Direct). • PACE (Program of All-Inclusive Care for the Elderly).
Application Tracking Number (ATN)	An ATN is assigned to a provider enrollment application at the Submission panel of the application process. Providers can track the status of an enrollment application through the Portal by entering their ATN in the Enrollment Tracking Search tool. • Providers will receive current information on their application, such as whether it is being processed or has been returned for more information. • Providers may also check on the status of their submitted enrollment application by contacting Provider Services and providing their ATN.
Background Information Disclosure (BID)	The Wisconsin Department of Health Services (DHS) issued the Background Information Disclosure (BID) form, F-82064, which gathers information to conduct caregiver background checks.
Background Information Disclosure Addendum—IRIS	DHS issued the Background Information Disclosure Addendum—IRIS form, F-01246, which gathers additional information to conduct caregiver background checks.
"Doing Business As" (DBA)	DBA is a term used to describe a business's name that differs from the company or organization's name. An example is an adult family home (AFH) that is operating under a separate name other than its company name.

Term	Definition
Division of Quality Assurance (DQA)	As a DHS division, DQA is responsible for regulating and licensing more than 40 different programs and facilities including: • Adult day care centers. • 3–4 bed AFHs. • Community-based residential facilities (CBRFs). • Residential care apartment complexes (RCACs).
Electronic visit verification (EVV)	EVV uses technology to make sure that members and participants receive the services they need. Workers check in at the beginning and check out at the end of each visit using a smart phone or tablet, small digital device, or landline telephone.
EVV Revalidation	EVV revalidation is the process to convert supportive home care (SHC) EVV-only enrollment to a full Medicaid enrollment. EVV organizations will keep the same provider ID after revalidation.
ForwardHealth Portal	The Wisconsin ForwardHealth Portal (the Portal) is the secure online resource for providers. Providers will set up a secure Portal account once their application is approved. The Provider Enrollment for Adult Long-Term Care page has more information and recorded trainings.
Long-term care (LTC)	LTC includes any service or support that a person may need because of a disability, getting older, or a chronic illness that limits their ability to do the things that are part of their daily routine.
Medicaid Identification Number (MAID)	MAID is a number assigned to a provider when their ForwardHealth application is approved.

Term	Definition
Medicaid Management Information System (MMIS), interChange, and ForwardHealth Portal	These terms are used to refer to the single-access point for provider enrollment.
Practice location	A non-location-based provider's practice location is the street address where the provider's office is physically located, even if services are delivered in a home or community-based setting. A location-based provider's practice location is the street address where the facility is physically located and/or where the services are rendered.
Provider service	A provider is qualified and certified to provide home and community-based waiver services according to requirements in the Family Care 1915(b) and (c) waivers and IRIS 1915(c) waiver.
Provider type	This is the category the provider selects to begin enrollment with Wisconsin Medicaid based on services they provide. For example, a provider type could be a waiver residential provider.
Provider specialty	Provider types are divided into subtypes, referred to as provider specialties. The specialty refers to services the provider is licensed or qualified to provide. For example, a waiver residential provider type may have a 1–2 bed AFH specialty.

Term	Definition
Revalidation	The revalidation process is completed **every three years**, after the provider's initial enrollment, through the provider's secure Provider Portal account. Once logged in to the secure Portal account, providers will see the Revalidate Your Provider Enrollment link. The provider will then verify information is current and correct. **Revalidation notices via the USPS mail are sent at 90 days, 45 days, and 15 days before the revalidation date.**
Sole proprietor	A sole proprietor is an unincorporated business that has one owner with no separation between the business and the owner.