

Office of Aging and Adult Services (OAAS)

Support Coordination Enrollment Requirements Checklist				
for				
<input type="checkbox"/> Elderly and Disabled Adult Waiver		<input type="checkbox"/> Adult Day Health Care Waiver		
<input type="checkbox"/> HIV-AIDS Targeted Support Coordination				
The following information must be completed and submitted to OAAS. All fields are required unless NA indicated. Note: A separate checklist must be completed for each region. Call OAAS at 1-866-758-5035 for contact information or visit website at www.oaas.dhh.louisiana.gov .				
Support Coordination Agency Name:				Region:
Date of Licensure:	License Number:		Medicaid Provider Number:	
Agency Physical Address:			Agency Mailing Address (if different):	
Toll-free Telephone Number:	Office Number:		Fax Number:	
Primary E-mail Address:	Other E-mail Address (if applicable):		Name/Primary Contact:	
Requirement	Date Completed or Approved			Initials of OAAS Staff
	EDA	ADHC	HIV	
Brochure (see OAAS Brochure requirements) <input type="checkbox"/> OAAS Only <input type="checkbox"/> Multiple regions <input type="checkbox"/> Multiple populations			NA	
MDS-HC Training – Certification (provide documentation/training certificate)			NA	
MDS-HC software installation and training or training for utilization of web-based application			NA	
LT-PCS Training Module LT-PCS Plan of Care			NA	
HIV-AIDS OPH 1-Day Training (provide documentation/training certificate)	NA	NA		
OAAS EDA/ADHC CPOC OAAS HIV CPOC				
OAAS HIV-AIDS Required Forms	NA	NA		
Numbered memos/addenda to Case Management Services Provider Manual				
SRI CMIS Training				
The following to be completed by OAAS ONLY				
SRI notified to add agency to FOC				
HSS notified of approval to add agency to FOC				
Recommend training with OAAS Regional Office			NA	
Other identified requirements				
Notification to OAAS Regional Office			NA	