



**ENROLLMENT PACKET FOR
THE LOUISIANA MEDICAL ASSISTANCE
PROGRAM
(Louisiana Medicaid Program)**

Personal Care Services

(Enrollment packet is subject to change without notice)



To Whom It May Concern:

Enclosed is the enrollment packet for the Louisiana Medical Assistance Program (also known as the Louisiana Medicaid program) you requested. It contains a participation agreement, enrollment data and forms with instructions. You should carefully review these materials, including all instructions, before completing the necessary forms.

The Medicaid Program requires all providers to be state certified for claims to be processed. After completing the enrollment packet materials, please return all forms to:

Molina Medicaid Solutions Provider Enrollment Unit
PO Box 80159
Baton Rouge, LA 70898-0159

Please be sure to include any and all Medicare provider numbers you want linked to the Medicaid provider number. If you have applied for a Medicare provider number but have not received the number(s), please submit the number(s) to Provider Enrollment at the above address upon receipt. Claims will not automatically cross electronically from Medicare to Medicaid unless these provider numbers are linked in our system.

The Molina Medicaid Solutions Provider Enrollment Unit will take necessary steps to certify you as a provider and participant in the Louisiana Medical Assistance Program. Upon certification, you will be notified of your Medicaid provider number that must be used for billing. Also, Molina Medicaid Solutions Provider Relations will forward a provider manual to you. If manual is not received within two (2) weeks of notification, please notify Provider Relations at (800) 473-2783 or (225) 924-5040.

If you have any questions concerning the completion of this enrollment packet, please contact the Provider Enrollment Unit at the above address or at (225) 216-6370. Thank you for your cooperation.

Sincerely,

Provider Enrollment Unit
Louisiana Medicaid Project

PERSONAL CARE SERVICES PROGRAM DESCRIPTION

Long Term Care-Personal Care Services and Supported Employment-Personal Assistant Services programs will offer up to 56 hours of personal care services per week based on need as demonstrated by an individual assessment performed by an independent contractor.

All providers of these services must possess a current, valid Personal Care Attendant (PCA) license issued by the Louisiana Department of Health and Hospitals (DHH). They also must demonstrate experience in successfully providing direct care services to the target population or demonstrate the ability to provide these services to the target population.

EPSDT - Personal Care Services

This program provides personal care services to children from birth to age 21. These services must be prescribed by a physician. These services are medically necessary tasks because of physical limitations due to illness or injury necessitate assistance with eating, bathing, dressing, personal hygiene, and bladder or bowel conditions. These services are intended to prevent institutionalization and enable the individual to live at home.

EPSDT PCS include the following:

1. Basic personal care such as toileting, bathing, and grooming;
2. Assistance with bladder and/or bowel requirements or problems including bedpan routines. However, catheterization is excluded;
3. Assistance with eating and nutrition and diet activities, including meal preparation and clean up for the recipient only;
4. Accompanying, but not transporting, the recipient to medically necessary appointments; and
5. Performance of incidental household chores which are essential to the recipient's health and comfort in his/her home including:
 - Changing and washing his/her bed linens; and
 - Cleaning the recipient's room.

Long Term Care – Personal Care Services

This program enables elderly and adult disabled individuals who require a nursing home level of care to remain in their own home. It offers up to 56 hours of personal care services per week based on need as demonstrated by an individual assessment.

To qualify for this program, an individual must:

- Be a Medicaid recipient, be 65 years of age or older, or 21 years of age or older and disabled (Defined as meeting the Social Security Administration criteria for disability benefits);
- Meet a nursing facility level of care as defined in the Standards for Payment for Nursing Facility Services; and
- Be able to participate in his/her care and direct the activities of the personal care worker independently or through a responsible representative.

Personal Care Services are those services that provide assistance with activities of daily living (ADL) and the instrumental activities of daily living (IADL). Assistance may be either the actual performance of the task or supervision and prompting so the individual can perform the task by himself/herself. ADLs are personal, functional activities required by an individual for his/her well being and safety. They include such tasks as:

1. Eating;
2. Bathing;
3. Dressing;
4. Grooming;
5. Transferring;
6. Ambulation and;
7. Toileting.

IADLs are activities that are essential for sustaining the individual's health and safety but may not require performance on a daily basis. They include such tasks as:

1. Light housekeeping;
2. Food preparation;
3. Grocery shopping;
4. Laundry;
5. Reminding the individual to take his/her medicine;
6. Assisting with scheduling medical appointments,
7. Accompanying the recipient to medical appointments when necessary due to the individual's frail condition; and
8. Assisting the recipient to access transportation.

Employment Support– Personal Assistant Services

The Personal Assistant Services (PAS) program will enable an individual to obtain, regain, and/or maintain employment. It will offer up to 56 hours of personal care services per week based on need as demonstrated by an individual assessment. This assessment will be performed by an independent contractor.

In order to qualify for the PAS Program, an individual must:

- Be a Medicaid recipient between the age of 18 and 64 years and disabled (Defined as meeting the Social Security Administration criteria for disability benefits);
- Require assistance with at least two activities of daily living; and
- Be able to participate in his/her care and direct the activities of the personal care worker independently or through a responsible representative.

Personal care services are those services that provide assistance with activities of daily living (ADL) and the instrumental activities of daily living (IADL). Assistance may be either the actual performance of the task or supervision and prompting so the individual can perform the task by himself/herself. ADLs are personal, functional activities required by an individual for his/her well being and safety.

They include such tasks as:

- | | |
|------------------|--|
| 1. Eating; | 6. Reminding the recipient to take his/her medicine; |
| 2. Bathing; | 7. Ambulation and; |
| 3. Dressing; | 8. Toileting. |
| 4. Grooming; | |
| 5. Transferring, | |

IADLs are activities that are essential for sustaining the individual's health and safety but may not require performance on a daily basis. They include such tasks as:

1. Light housekeeping;
2. Food preparation;
3. Grocery shopping;
4. Laundry;
5. Providing transportation when necessary:
 - a. To seek employment;
 - b. To go to and from the recipient's place of employment; or
 - c. To access other necessary activities; and
6. Providing assistance in the completion of employment related or other necessary correspondence.

NOTE: There will be no additional reimbursement for transportation.

Personal Care Services

CHECKLIST OF FORMS TO BE SUBMITTED

The following checklist shows all documents that must be submitted to the Molina Medicaid Solutions Provider Enrollment Unit in order to enroll in the Louisiana Medicaid Program as a provider:

| Completed | Document Name | | | | | | | | |
|--------------------------|---|-------------|---------------------|----------------|-----------------------|------------|---------------------------|--------------------|--|
| <input type="checkbox"/> | 1. Completed Louisiana Medicaid PE-50 Enrollment Form* (Read instructions carefully before completing this form) | | | | | | | | |
| <input type="checkbox"/> | 2. Indicate the Specialty on the PE-50 – Section A Possible Specialties: | | | | | | | | |
| <input type="checkbox"/> | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">5A PCS –LTC</td> <td style="width: 50%;">5E PCS - LTC/ES-PAS</td> </tr> <tr> <td>5B PCS – EPSDT</td> <td>5F PCS - EPSDT/ES-PAS</td> </tr> <tr> <td>5C ES -PAS</td> <td>5G PCS - LTC/EPSDT/ES-PAS</td> </tr> <tr> <td>5D PCS – LTC/EPSDT</td> <td></td> </tr> </table> | 5A PCS –LTC | 5E PCS - LTC/ES-PAS | 5B PCS – EPSDT | 5F PCS - EPSDT/ES-PAS | 5C ES -PAS | 5G PCS - LTC/EPSDT/ES-PAS | 5D PCS – LTC/EPSDT | |
| 5A PCS –LTC | 5E PCS - LTC/ES-PAS | | | | | | | | |
| 5B PCS – EPSDT | 5F PCS - EPSDT/ES-PAS | | | | | | | | |
| 5C ES -PAS | 5G PCS - LTC/EPSDT/ES-PAS | | | | | | | | |
| 5D PCS – LTC/EPSDT | | | | | | | | | |
| <input type="checkbox"/> | 3. Completed PE-50 Addendum – Provider Agreement* | | | | | | | | |
| <input type="checkbox"/> | 4. Copy of printed document received from IRS showing Employer Identification Number (EIN) and official name as recorded on IRS records. - W-9 forms are not accepted | | | | | | | | |
| <input type="checkbox"/> | 5. If provider name in Section 1 of the PE-50 is: <ul style="list-style-type: none"> • An entity – completed LA Medicaid Entity Ownership Disclosure Information form (5 pages located in the Basic Enrollment Packet). • An individual – completed LA Medicaid Individual Disclosure Information form (2 pages, located in the Basic Enrollment Packet). | | | | | | | | |
| <input type="checkbox"/> | 6. Completed Medicaid Direct Deposit (EFT) Authorization Agreement* | | | | | | | | |
| <input type="checkbox"/> | 7. Copy of Voided Check – for account to which you wish to have your funds electronically deposited. Deposit slips are not accepted | | | | | | | | |
| <input type="checkbox"/> | 8. Completed Provider Specialty Form | | | | | | | | |
| <input type="checkbox"/> | 9. Copy of the Personal Care Attendant License from the Department of Health and Hospitals. | | | | | | | | |
| <input type="checkbox"/> | 10. To submit electronic claims, a Completed EDI contract* and Power of Attorney* (if applicable) must accompany this application. Refer to Basic Enrollment Packet for details. | | | | | | | | |

* Forms are included in this Enrollment Packet

PLEASE USE THIS CHECKLIST TO ENSURE THAT ALL REQUIRED ITEMS ARE SUBMITTED WITH YOUR APPLICATION FOR ENROLLMENT. ATTACHED FORMS MUST BE SUBMITTED AS ORIGINALS WITH ORIGINAL SIGNATURES (NO STAMPED SIGNATURES OR INITIALS).

Please submit all required documentation to:
Molina Medicaid Solutions Provider Enrollment Unit
PO Box 80159
Baton Rouge, LA 70898-0159

Provider Region Form
Must be completed by Agencies enrolling in the
Personal Care Services Program.

Once Louisiana Medicaid provider number is received, fax this page to:

An office must be maintained in the region in which you propose to provide services. Consideration will be given to an agency's request to provide services in a parish that borders its designated service region, if that parish is within a 50-mile radius of the agency's office.

Check the Parish name(s) in which services will be performed.

- | | | | |
|--|---|--|---|
| Region 1: New Orleans | Region 4: Lafayette | Region 7: Shreveport | Region 9: Mandeville |
| <input type="checkbox"/> 26 West Jefferson | <input type="checkbox"/> 01 Acadia | <input type="checkbox"/> 07 Bienville | <input type="checkbox"/> 32 Livingston |
| <input type="checkbox"/> 36 Orleans | <input type="checkbox"/> 20 Evangeline | <input type="checkbox"/> 08 Bossier | <input type="checkbox"/> 46 St. Helena |
| <input type="checkbox"/> 38 Plaquemines | <input type="checkbox"/> 23 Iberia | <input type="checkbox"/> 09 Caddo | <input type="checkbox"/> 52 St. Tammany |
| <input type="checkbox"/> 44 St. Bernard | <input type="checkbox"/> 28 Lafayette | <input type="checkbox"/> 14 Claiborne | <input type="checkbox"/> 53 Tangipahoa |
| <input type="checkbox"/> 65 East Jefferson | <input type="checkbox"/> 49 St. Landry | <input type="checkbox"/> 16 De Soto | <input type="checkbox"/> 59 Washington |
| | <input type="checkbox"/> 50 St. Martin | <input type="checkbox"/> 35 Natchitoches | |
| | <input type="checkbox"/> 57 Vermilion | <input type="checkbox"/> 41 Red River | |
| Region 2: Baton Rouge | Region 5: Lake Charles | <input type="checkbox"/> 43 Sabine | |
| <input type="checkbox"/> 03 Ascension | <input type="checkbox"/> 02 Allen | <input type="checkbox"/> 60 Webster | |
| <input type="checkbox"/> 19 E. Feliciana | <input type="checkbox"/> 06 Beauregard | | |
| <input type="checkbox"/> 17 E.B.R. | <input type="checkbox"/> 10 Calcasieu | Region 8: Monroe | |
| <input type="checkbox"/> 24 Iberville | <input type="checkbox"/> 12 Cameron | <input type="checkbox"/> 11 Caldwell | |
| <input type="checkbox"/> 39 Pointe Coupee | <input type="checkbox"/> 27 Jefferson Davis | <input type="checkbox"/> 18 E. Carroll | |
| <input type="checkbox"/> 63 W. Feliciana | | <input type="checkbox"/> 21 Franklin | |
| <input type="checkbox"/> 61 W.B.R. | | <input type="checkbox"/> 25 Jackson | |
| | | <input type="checkbox"/> 31 Lincoln | |
| Region 3: Thibodaux | Region 6: Alexandria | <input type="checkbox"/> 33 Madison | |
| <input type="checkbox"/> 04 Assumption | <input type="checkbox"/> 05 Avoyelles | <input type="checkbox"/> 34 Morehouse | |
| <input type="checkbox"/> 29 Lafourche | <input type="checkbox"/> 13 Catahoula | <input type="checkbox"/> 37 Ouachita | |
| <input type="checkbox"/> 45 St. Charles | <input type="checkbox"/> 15 Concordia | <input type="checkbox"/> 42 Richland | |
| <input type="checkbox"/> 47 St. James | <input type="checkbox"/> 22 Grant | <input type="checkbox"/> 54 Tensas | |
| <input type="checkbox"/> 48 St. John the Baptist | <input type="checkbox"/> 30 La Salle | <input type="checkbox"/> 56 Union | |
| <input type="checkbox"/> 51 St. Mary | <input type="checkbox"/> 40 Rapides | <input type="checkbox"/> 62 W. Carroll | |
| <input type="checkbox"/> 55 Terrebonne | <input type="checkbox"/> 58 Vernon | | |
| | <input type="checkbox"/> 64 Winn | | |

I hereby affirm that all statements I have made on this application and the attachments thereto are true and correct; that I have a valid Personal Care Attendant Services license in the State of Louisiana, and I have experience/ability in successfully providing direct care services. I understand that violation of this statement shall constitute cause sufficient for the refusal or revocation of enrollment in Medicaid.

Provider Original Signature (initials or stamped signatures are not acceptable)

Date