



UNISYS

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

Personal Care Attendant

(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:

**Unisys 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 Unisys 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, Unisys Provider Relations will forward a provider manual to you. If manual not received in 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 Program

Personal Care Attendant CHECKLIST OF FORMS TO BE SUBMITTED

The following checklist shows all documents that must be submitted to the Unisys Provider Enrollment Unit in order to enroll in the Louisiana Medicaid Program as a Personal Care Attendant:

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. Completed PE-50 Addendum – Provider Agreement*
<input type="checkbox"/>	3. 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"/>	4. 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"/>	5. Completed Medicaid Direct Deposit (EFT) Authorization Agreement*
<input type="checkbox"/>	6. Copy of Voided Check – for account to which you wish to have your funds electronically deposited. Deposit slips are not accepted
<input type="checkbox"/>	7. Copy of the Personal Care Attendant License issued by the Department of Health and Hospitals.
<input type="checkbox"/>	8. 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 the Basic Enrollment Packet

PLEASE USE THIS CHECKLIST TO ENSURE THAT ALL REQUIRED ITEMS ARE SUBMITTED WITH YOUR APPLICATION FOR ENROLLMENT.

FORMS MUST BE SUBMITTED AS ORIGINALS WITH ORIGINAL SIGNATURES (NO STAMPED SIGNATURES OR INITIALS).

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

NOTICE TO WAIVER SERVICE PROVIDERS

Please note that Louisiana Medicaid will only reimburse you for services rendered to Medicaid recipients who are enrolled in a waiver program (New Opportunities Waiver (NOW) Waiver, Elderly and Disabled Adult Waiver (EDA) and Children's Choice Waiver). Medicaid will not reimburse you for services provided to recipients who are not enrolled in one of the waiver programs.

In addition, the following limitations apply:

1. The following provider types may be reimbursed for recipients in the **NOW Waiver**:

- Assistive Devices – PT 17
- Center-Based Respite – PT 83
- Day Habilitation – PT14
- Environmental Modifications – PT 15
- Habilitative / Supported Employment – PT 98
- Personal Care Attendance (PCA) – PT 82
- Personal Emergency Response System (PERS) – PT 16
- Pre-Vocational Habitation – PT 13
- Skilled Nursing Services - PT44
- Substitute Family Care – PT 84
- Supervised Independent Living (SIL) – PT 89

2. The following provider types may be reimbursed for recipients in the **EDA Waiver**:

- Personal Care Attendance (PCA) – PT 82
- Environmental Modifications – PT 15
- Personal Emergency Response System (PERS) – PT 16

3. The following provider types may be reimbursed recipients in the **Children's Choice Waiver**:

- Children's Choice Provider – PT 03
- Center-Based Respite – PT 83

Note: Agencies licensed as Personal Care Attendance (PCA) agencies and enrolled as Personal Care Services (PCS) Provider Type 24 may also provide Early Periodic Screening Diagnosis and Treatment (EPSDT) – Personal Care Services and Long-Term – Personal Care Services (LT-PCS) as State Plan Services to eligible recipients. **EPSDT-PCS and LT-PCS Services are NOT Waiver Services.**

REGIONAL OFFICES

<p>Region 1: New Orleans 1010 Common Street, Suite 505 New Orleans, LA 70112 FAX NUMBER: (504) 599-0293</p>
<p>Region 2: Baton Rouge 6554 Florida Blvd., Suite 250 Baton Rouge, LA 70806 FAX NUMBER: (225) 925-6298</p>
<p>Region 3: Thibodaux 1148 Tiger Drive Thibodaux, LA 70301 FAX NUMBER: (985) 449-4706</p>
<p>Region 4: Lafayette 128 Demanade Drive, Suite 104 Lafayette, LA 70503 FAX NUMBER: (337) 272-1300</p>
<p>Region 5: Lake Charles 2300 Broad Street Lake Charles, LA 70601 FAX NUMBER: (337) 491-2005</p>
<p>Region 6: Alexandria 1517-B Washington Street Alexandria, LA 71301 FAX NUMBER: (318) 487-5968</p>
<p>Region 7: Shreveport 3018 Old Minden Road, Suite 1214 Bossier City, LA 71112 FAX NUMBER: (318) 741-2722</p>
<p>Region 8: Monroe 1401 Hudson Lane, Suite 236 Monroe, LA 71201 FAX NUMBER: (318) 362-4611</p>
<p>Region 9: Mandeville 21454 Koop Drive, Suite 2B Mandeville, LA 70471 FAX NUMBER: (985) 871-8346</p>

ADHC Requirements for Placement on Provider Freedom of Choice List

Any agency licensed for the provision of support coordination services must have the following prior to being placed on the Provider Freedom of Choice list:

- Valid Medicaid provider number;
- documented training by Office of Aging and Adult Services (OAAS) on the completion of the Resident Assessment Instrument, Minimum Data Set-Home Care (MDS-HC) assessment process;
- documented training on CMIS data entry for support coordination services;
- written approval from OAAS on the agency's brochure in accordance with . OAAS Requirements for Support Coordination Brochures as noted below.

Brochures must include the following:

1. Paragraphs a. and b. below must be included in the Support Coordination agency's brochure. The paragraphs must be the same font and size as the remainder of the brochure. The paragraphs must be separate and included exactly as written below:
 - a. "Each Medicaid recipient of Elderly and Disabled Adult Waiver support coordination has the freedom to choose their providers. The recipient's choice of support coordination or service providers does not affect their eligibility for the waiver or support coordination services."
 - b. "Medicaid recipients of Elderly and Disabled Adult Waiver support coordination may contact the Division of Long Term Supports and Services (DLTSS) Help Line at 1-866-758-5035 for information or questions about the EDA Waiver or DLTSS programs. Complaints about support coordinators or service providers may be reported to the Health Standards Section at 1-866-758-5035."
2. The physical address and mailing address of the support coordination agency (if different).
3. The support coordination agency's 24 hour toll-free number. The words "toll-free" must be included in front of the number. Ex: Toll-free: 1-800-999-9999
4. Support coordination experience and marketing information

Support Coordination shall be responsible for:

1. Obtaining written approval of the brochure prior to distributing to Elderly and Disabled Adult Waiver recipients
2. Providing DHH or its designated contractor with adequate supplies of the approved brochure
3. Completing revisions of the brochure to reflect all program changes