



# **Provider Type Specific Packet/Checklist**

**(Louisiana Medicaid)**

# **Center-Based Respite Care**

**(Enrollment packet is subject to change without notice)**

## GENERAL INFORMATION FOR PROVIDER ENROLLMENT

Provider Enrollment works on a three-week turnaround time frame. If enrollment requirements are not met, the entire application will be returned for correction and would need to be re-submitted once the corrections are made. Any re-submission of the enrollment packet is subject to additional three-week turnaround period.

The effective date for this enrollment will be the day the application is actually worked by Provider Enrollment.

No billing for 18 months will result in an automatic closure of this provider number, which will require a new enrollment application in order to be re-activated. No notification will be made to the provider regarding automatic closure.

OCDD Waiver Service Providers must submit additional documentation to be placed on what is called the Freedom of Choice listing. This documentation is to be downloaded from the web after receiving the letter confirming enrollment in Louisiana Medicaid. The additional documentation required is a Medicaid Freedom of Choice Request Form which is found on the DHH website at: <http://new.dhh.louisiana.gov/index.cfm/page/141>. (The link to this form is located just above the map of Louisiana).

Upon completion of the Medicaid enrollment process, all OAAS Waiver Service providers and some providers of other Medicaid services will automatically be added to a Freedom of Choice listing in a web-based program called Provider Locator Tool. This enables public users to search for Medicaid and/or Home and Community Based Service providers who accept Louisiana Medicaid.

If at any time during enrollment as a Medicaid provider, the provider has a change of physical address, then the provider must first obtain an updated license indicating the new address. The one year license renewal period begins over when a provider gets a new license because of a change of address. The provider must then submit notification of the change of address along with a copy of the new license to Molina Medicaid Solutions Provider Enrollment (see address on checklist, below). Failure to report a change of address, first to Health Standards and then to Molina Medicaid Solutions Provider Enrollment, will result in your agency being incorrectly listed on the Freedom of Choice list.

Providers enrolled as type 83 (Center-Based Respite Care) are allowed to provide services in accordance with applicable rules, regulations, and policies under waiver programs as specified below:

- Center-Based Respite Care to OCDD New Opportunities Waiver Recipients
- Center-Based Respite Care to OCDD Supports Waiver Recipients
- Center-Based, Overnight Caregiver Temporary Support to OAAS Community Choices Waiver Recipients

## NOTICE TO WAIVER SERVICE PROVIDERS

Please note that Louisiana Medicaid will only reimburse you for waiver services rendered to Medicaid recipients who are enrolled in a waiver program (New Opportunities Waiver (NOW), Children's Choice Waiver, Supports Waiver, Residential Options Waiver (ROW), Adult Day Health Care (ADHC) Waiver and Community Choices Waiver). Medicaid will not reimburse you for waiver services provided to recipients who are not enrolled in one of the waiver programs.

# **ATTENTION!!**

**Waiver service providers are required to comply with all requirements contained in:**

- 1. The provider manuals located at <http://www.lamedicaid.com>**

**And**

- 2. The information located on the DHH/OAAS website at**

**<http://new.dhh.louisiana.gov/index.cfm/subhome/12/n/7>**

- 3. The information located on the DHH/OCDD website at**

**<http://new.dhh.louisiana.gov/index.cfm/subhome/11/n/8>**

## Center-Based Respite Care 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 Center-Based Respite Care provider:

Completed	Document Name
<input type="checkbox"/> *	1. Completed Entity/Business Louisiana Medicaid PE-50 Provider Enrollment Form.
<input type="checkbox"/> *	2. Completed PE-50 Addendum – Provider Agreement Form (two pages).
<input type="checkbox"/> *	3. Completed Medicaid Direct Deposit (EFT) Authorization Agreement Form.
<input type="checkbox"/> *	<p>4. Louisiana Medicaid Ownership Disclosure Information Forms for Entity/Business. <b>(Only the Disclosure of Ownership portion of this enrollment packet can be done by choosing Option 1.)</b></p> <p><b>Option 1:</b> Provider Ownership Enrollment Web Application. Go to <a href="http://www.lamedicaid.com">www.lamedicaid.com</a> and click on the Provider Enrollment link on the left sidebar. After entering ownership information online, the user is prompted to print the Summary Report; the authorized agent must sign page 3 of the Summary Report and include both pages 2 and 3 with the other documents in this checklist.</p> <p><b>-or-</b></p> <p><b>Option 2:</b> If you choose not to use the Provider Ownership Enrollment web application, then submit the hardcopy Louisiana Medicaid Ownership Disclosure Information Forms for Entity/Business.</p>
<input type="checkbox"/> *	5. <b>(If submitting claims electronically)</b> Completed Provider's Election to Employ Electronic Data Interchange of Claims for Processing in the Louisiana Medical Assistance Program (EDI Contract) Form <b>and</b> Power of Attorney Form (if applicable).
<input type="checkbox"/>	6. Copy of voided check or letter from the bank on bank letterhead verifying the account and routing number for the account to which you wish to have your funds electronically deposited ( <b>deposit slips are not accepted</b> ).
<input type="checkbox"/>	7. Copy of a pre-printed document received from the IRS showing both the employer identification number (EIN) and the official name as recorded on IRS records ( <b>W-9 forms are not accepted</b> ).
<input type="checkbox"/>	8. Copy of the Center-Based Respite license issued by Health Standards. (Starting 11/1/2011, this license will be called an HCBSP license and the Center-Based Respite module must be a component of this HCBSP license).
<input type="checkbox"/>	9. To report "Specialty" for this provider type on Section A of the PE-50, please use Code 83 (Respite Care).
<b>For Community Choices Waiver Services:</b>	
<input type="checkbox"/>	10. To report "Sub-Specialty" for this provider type to provide Community Choices Waiver center-based, overnight Caregiver Temporary Support on Section A of the PE-50, please use Code 8D.

\* These 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**