



**PROVIDER TYPE SPECIFIC
PACKET/CHECKLIST**

(Louisiana Medicaid Program)

**Supervised
Independent Living (SIL)**

(Enrollment packet is subject to change without notice)

GENERAL INFORMATION REGARDING WAIVER ENROLLMENTS

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.

After you receive your letter confirming your enrollment in Louisiana Medicaid as a Waiver provider, then you must complete documentation to be added to the Freedom of Choice list. The Medicaid Freedom of Choice Request Form is located on the DHH website at <http://www.dhh.louisiana.gov/offices/publications.asp?ID=191&Detail=1217>

If at any time during enrollment as a Waiver Medicaid provider, the provider has a change of physical address, then the provider must first obtain an updated license indicating the new address, and then submit notification of the change of address along with a copy of the updated license to Molina Medicaid Solutions Provider Enrollment (see address on checklist, below).

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 Types may also provide Early Periodic Screening Diagnosis and Treatment (EPSDT) – Personal Care Services and Long-Term – Personal Care Services (LT-PCS – PT24) as State Plan Services to eligible recipients. **EPSDT-PCS and LT-PCS Services are NOT Waiver Services.**

ATTENTION!!

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

- 1. The provider manuals.**
- 2. The information
located on the
DHH/OCDD website at**

<http://www.dhh.louisiana.gov/offices/publications.asp?ID=191>

SUPERVISED INDEPENDENT LIVING 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 Supervised Independent Living 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. . (Only the Disclosure of Ownership portion of this enrollment packet can be done online by choosing Option 1.)</p> <p>Option 1 (preferred): Provider Ownership Enrollment Web Application. Go to www.lamedicaid.com 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 style="text-align: center;">-or-</p> <p>Option 2 (not recommended): 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. (If submitting claims electronically) Completed Provider's Election to Employ Electronic Data Interchange of Claims for Processing in the Louisiana Medical Assistance Program (EDI Contract) Form and 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 (deposit slips are not accepted) .
<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 (W-9 forms are not accepted) .
<input type="checkbox"/>	8. Copy of Supervised Independent Living (SIL) license issued by Health Standards.
<input type="checkbox"/>	9. To report "Specialty" for this provider type on Section A of the PE-50, please use Code 89 (Supervised Independent Living).

* 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) – DO NOT SUBMIT COPIES OF THE ATTACHED FORMS.

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