PROVIDER TYPE SPECIFIC
PACKET/CHECKLIST

(Louisiana Medicaid Program)

Case Management/Support Coordination
(OCDD Waiver & EPSDT)

(Enrollment packet is subject to change without notice)
STOP

CAREFULLY READ THE NOTICE BELOW

To enroll in Louisiana Medicaid (Fee-For-Service) as a Case Management/Support Coordination Agency, the following is required PRIOR to submitting the enrollment application to Provider Enrollment:

- **Obtain** a Case Management license from Health Standards
- **Then**, complete the OCDD training **and** obtain the OCDD Performance Agreement by contacting Janae Burr at: Janae.Burr@la.gov
- **And**, obtain the EPSDT (Early and Periodic, Screening, Diagnostic and Treatment) Performance Agreement by contacting Tracy Barker at: Tracy.Barker2@la.gov or by calling 225-342-8156
- **And**, obtain written approval from both Janae Burr and Tracy Barker stating the requirement standards have been met

**ONLY AFTER COMPLETION OF THE ABOVE, MAY AN ENROLLMENT APPLICATION BE SUBMITTED TO PROVIDER ENROLLMENT TO OBTAIN A MEDICAID PROVIDER NUMBER**
**Case Management/Support Coordination**  
*(OCDD Waiver & EPSDT)*

**CHECKLIST OF FORMS TO BE SUBMITTED**

The following checklist identifies the necessary documents needed to enroll in Louisiana Medicaid (Fee-For-Service), as a Case Management/Support Coordination provider:

<table>
<thead>
<tr>
<th>Completed</th>
<th>Document Name</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>2. Completed PE-50 Addendum – Provider Agreement Form.</td>
</tr>
<tr>
<td></td>
<td>5. <em>(If submitting claims electronically)</em> 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).</td>
</tr>
<tr>
<td></td>
<td>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 <em>(deposit slips are not accepted).</em></td>
</tr>
<tr>
<td></td>
<td>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 <em>(W-9 forms are not accepted).</em></td>
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</tbody>
</table>
|           | 8. Copy of the Case Management license issued by the Health Standard’s section from the Louisiana Department of Health  
* The license must identify the following Modules on the license: **New Opportunities Waiver (NOW) - AND -Children’s Choice (CC)** |
|           | 9. Completed and notarized Louisiana’s Medicaid Program Board Resolution Form. |
|           | 10. Submit the approval letter/memo from Janae Burr (OCDD) |
|           | 11. Submit the approval letter/memo from Tracy Barker (EPSDT Services) |
|           | 12. On **Section A** of the PE-50 Form, in the ‘**Specialty Code**’ space write in Code ‘81’ (Case Management). There is no **Subspecialty Code**, so leave this field **blank**. |
|           | 13. On **Section D** of the PE-50 Form, in the ‘**Provider Type Description**’ space, write in ‘**Case Management/SC**’ and in the ‘**Provider Type Code**’ space, write in ‘45’.* |

* These forms are available in the **Basic Enrollment Packet for Entities/Businesses**.

** These forms are included here.

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Original signatures are required

Please submit all required documentation to:

Gainwell Provider Enrollment  
PO Box 80159  
Baton Rouge, LA 70898-0159

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Revised: 05/2019
STATE OF LOUISIANA, PARISH OF ________________________________________________

On the _________ day of _________________________________________________20_____

At a meeting of the Board of Directors of _____________________________________________
______________________________________________________________________________

Held in the City of ________________________________________ Parish of __________________

A quorum of the Directors present, the following business was conducted:

It was duly moved and seconded that the following resolution be adopted:

BE IT RESOLVED that the Board of Directors of the above corporation hereby authorized
______________________________________________________________________________

(Name and Title)

and his/her successors in the office to negotiate, on terms and conditions that he/she may deem
advisable, a contract or contracts with the Louisiana Department of Health and Hospitals, and to
execute said documents on behalf of the corporation, and further do we hereby give him/her the
power and authority to do all things necessary to implement, maintain, amend or renew said
documents.

The above resolution was passed by a majority of those present and voting in accordance with the
by-laws and articles of incorporation.

I certify that the above and foregoing constitutes a true and correct copy of a part of the minutes of
a meeting of the Board of Directors of ________________________________________________
______________________________________________________________________________

held on the _____________ day of _____________________________________________, 20____

______________________________________________________________________________

Secretary

Subscribed and sworn before me, ______________________________________________________
a Notary Public for the Parish of ______________________________________________________
on the _______________ day of _________________________________________________, 20__.