PROVIDER TYPE SPECIFIC PACKET/CHECKLIST

(Louisiana Medicaid)

Office of Aging and Adult Services (OAAS) Case Management (Support Coordination)

(Enrollment packet is subject to change without notice)
### OAAS Case Management (Support Coordination)

**CHECKLIST OF Required FORMS**

**NOTE:** Prior to completing this enrollment packet, obtain OAAS approval by contacting the Support Coordination Program Manager @ 225-219-0643

The following checklist shows all documents required to enroll in Louisiana Medicaid as a (Fee-For-Service) Office of Aging and Adult Services (OAAS) Case Management provider:

<table>
<thead>
<tr>
<th>Completed</th>
<th>Document Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
<td>2. Completed PE-50 Addendum – Provider Agreement Form.</td>
</tr>
<tr>
<td>☑</td>
<td>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).</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 (deposit slips are not accepted).</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 (W-9 forms are not accepted).</td>
</tr>
<tr>
<td>☑</td>
<td>8. Copy of approval letter from OAAS that indicates all OAAS requirements have been met.</td>
</tr>
<tr>
<td>☑</td>
<td>9. Completed Louisiana Medicaid Program Board Resolution Form. (Must be notarized)</td>
</tr>
<tr>
<td>☑</td>
<td>10. On Section A of the PE-50 Form, in the Specialty Code space, write in ‘81’ (Case Management).</td>
</tr>
<tr>
<td>☑</td>
<td>11. On Section D of the PE-50 Form, in the Provider Type Description space write in ‘OAAS - CM’ and in the Provider Type Code space write in ‘08’.</td>
</tr>
</tbody>
</table>

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

**This form included here.

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

**ORIGINAL SIGNATURE REQUIRED ON ALL FORMS – SIGN IN BLUE INK**

Please submit all required documentation to:

**Gainwell Provider Enrollment Unit**

PO Box 80159

Baton Rouge, LA 70898-0159
STATE OF LOUISIANA, PARISH OF ________________________________

On the _________ day of ____________________________, 20 _____________

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 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 _____________

Signature of Secretary ________________________________ Date of Signature ___________