PROVIDER TYPE SPECIFIC PACKET/CHECKLIST

(Louisiana Medicaid)

ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS (EAA) (Environmental Modifications)

CONTRACTOR

(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.

Upon successful completion of the Medicaid enrollment process, all OCDD/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 the 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 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 Gainwell Provider Enrollment (see address on checklist, below).

NOTE Regarding, OAAS Community Choices Waiver EAA Providers:

1. A provider can enroll as **EITHER** an EAA Assessor **OR** an EAA Contractor but **NOT BOTH** for the OAAS Community Choices Waiver.
2. Contractors must accept the job specifications contained in the individualized EAA assessment performed by the EAA Assessor unless otherwise agreed to and determined by OAAS.
3. The EAA contractor shall be responsible for the costs associated with bringing the work up to standard, including but not limited to the costs of the materials, labor and any subsequent inspections should the work be found to be substandard.

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ATTENTION!!

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

1. **The provider manuals located at** https://www.lamedicaid.com/Provweb1/Providermanuals/ProviderManuals.htm

2. **The information located on the LDH/OAAS website at** http://www.ldh.la.gov/oaas

   And

3. **The information located on the LDH/OCDD website at** http://new.dhh.louisiana.gov/index.cfm/subhome/11/n/8

Environmental Accessibility Adaptations (EAA)
CONTRACTOR
CHECKLIST OF FORMS TO BE SUBMITTED

The following checklist shows all documents that must be submitted to the Gainwell Provider Enrollment Unit in order to enroll in the Louisiana Medicaid Program as an Environmental Accessibility Adaptations (EAA) provider to perform environmental adaptations for Waiver program recipients. **NOTE: Agencies enrolled to perform Environmental Accessibility Adaptations for Community Choices Waiver program recipients cannot enroll to provide EAA Asssessor services for OAAS Community Choices Waiver recipients AND must accept the job specifications contained in the individualized EAA assessment performed by the EAA Assessor unless otherwise agreed to and determined by OAAS.**

Completed	Document Name
*	1. Completed Entity/Business Louisiana Medicaid PE-50 Provider Enrollment Form.
*	2. Completed PE-50 Addendum – Provider Agreement Form (two pages).
*	3. Completed Medicaid Direct Deposit (EFT) Authorization Agreement Form.
*	4. Louisiana Medicaid Ownership Disclosure Information Forms for Entity/Business
*	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).
	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**).
	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**).
**	8. Completed and notarized "Provider Attestation for OAAS Community Choices Waiver Environmental Accessibility Adaptation Services" Form.
	9. (A) Copy of a current license from the State Licensing Board for Contractors for any of the following building trade classifications. The name on the license must match the DBA (Doing Business As) name on the license or the owner's name (if sole proprietor): • General Contractor • Home Improvement • Residential Building **-or-** (B) If currently enrolled in Louisiana Medicaid as a DME provider, documentation from the manufacturing company (on their company letterhead) that confirms this DME provider is an authorized distributor of a specific product that attaches to a building. The letter must specify the product and must state that this DME provider has been trained on its installation. **-or-** (C)) Vehicle adaptations: Copy of license by the Louisiana Motor Vehicle Commission as a "Specialty Vehicle Dealer" **and** copy of accreditation by The National Mobility Equipment Dealers Association under the "Structural Vehicle Modifier."
	10. To report "Specialty" for this provider type on Section A of the PE-50, please use Code 80 (Environmental Accessibility Adaptations).

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

****This form is included in this 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:
Gainwell Provider Enrollment Unit
PO Box 80159
Baton Rouge, LA 70898-0159

Provider Attestation for OAAS Community Choices Waiver
Environmental Accessibility Adaptation Services
CONTRACTOR (OAAS Only)

PURPOSE

This form confirms that the provider specified below wishes to provide Environmental Accessibility Adaptation under the Community Choices Waiver program and attests that the provider has the knowledge and experience to provide these services.

Provider Number:	**LA Medicaid Provider #** (leave blank if new applicant)	**National Provider Identifier (NPI)**
Provider Name:		
Physical Address:		
Contact Person for questions regarding this form:		
Contact Person Phone Number:	( ) -	

I hereby affirm under oath that all statements I have made on this application and the attachments thereto are:

- True and correct;
- That I may not bill for the performance of both environmental accessibility adaptations **and** assessments;
- That all Environmental Accessibility Adaptation services provided to Community Choices Waiver participants **must be prior authorized before services are rendered;**
- As a provider I have the knowledge and experience to perform environmental adaptations to the home;
- As a provider I understand that I will be responsible for the costs associated with bringing any work performed up to standard, including but not limited to the costs of the materials, labor, and any subsequent inspections should the work be found to be substandard;
- As a contractor, I must accept the job specifications contained in the individualized EAA assessment performed by the EAA Assessor/Inspector/Approver unless other otherwise agreed to and determined by OAAS; and
- I understand that violation of this oath shall constitute cause sufficient for the refusal or revocation of enrollment in Medicaid.

Print Authorized Representative's Name	Signature of Authorized Representative	Date of Signature

THUS DONE AND PASSED BEFORE ME, Notary, in the City of_____, State of_____on the day of_____, 20____.

Notary Public Signature

Notary Seal or Notary Identification Number (required)

Complete this form in its entirety. Original signature required – blue ink only