



**ENROLLMENT PACKET FOR
THE LOUISIANA MEDICAL
ASSISTANCE PROGRAM
(Louisiana Medicaid Program)**

**Friends and Family
Transportation
(ROW)**

(Enrollment packet subject to change without notice)

To: Prospective Residential Options Waiver Providers

From: Office for Citizens with Developmental Disabilities

RE: Residential Options Waiver Provider Enrollment/Medicaid Certification Process **(Limited to ROW Recipients Only)**

The enclosed information/packet is designed to guide you through the process of initial application for Medicaid Certification as a **provider of Transportation-Community Access services in the Residential Options Waiver services.**

Please read all instructions carefully as you complete these forms to avoid delays in processing your application. Applications containing incomplete information, or missing required applicable forms, and/or information will be returned for correction.

Completed Provider Enrollment Packet(s) containing all required and applicable eligibility documentation as requested must be submitted for review to:

Office for Citizens with Developmental Disabilities
ROW Program Manager
P.O. Box 3117
Baton Rouge, LA 70821-3117

Compliance with enrollment requirements will be verified.

If enrollment requirements are not met, the applicant will be notified in writing regarding areas that need correction before the enrollment process can be completed.

Approved Residential Options Waiver Providers 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>

Waiver service providers are required to comply with all documentation requirements contained in provider manuals and as located on the DHH/OCDD website at: <http://www.dhh.louisiana.gov/offices/publications.asp?ID=191>

