



# **PROVIDER TYPE SPECIFIC PACKET/CHECKLIST**

**(Louisiana Medicaid Program)**

# **Case Management/Support Coordination (OCDD Waiver & EPSDT)**

(Enrollment packet is subject to change without notice)

**CASE MANAGEMENT SUPPORT COORDINATION (PT-45)  
(OCDD Waiver and EPSDT)**

# 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](mailto: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](mailto: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:

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.
<input type="checkbox"/> *	3. Completed Medicaid Direct Deposit (EFT) Authorization Agreement Form.
<input type="checkbox"/> *	4. Completed Louisiana Medicaid Ownership Disclosure Information Forms for Entity/Business.
<input type="checkbox"/> *	5. <b>(If submitting claims electronically)</b> Completed Provider's Election to Employ Electronic Data Interchange of Claims for Processing in the Louisiana Medical Assistance Program (EDI Contract) Form <b>and</b> 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 <b>(deposit slips are not accepted)</b> .
<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 <b>(W-9 forms are not accepted)</b> .
<input type="checkbox"/>	8. Copy of the Case Management license issued by the Health Standard's section from the Louisiana Department of Health <ul style="list-style-type: none"> <li>• The license must identify the following Modules on the license: <b>New Opportunities Waiver (NOW) - AND -Children's Choice (CC)</b></li> </ul>
<input type="checkbox"/> **	9. Completed and notarized Louisiana's Medicaid Program Board Resolution Form.
<input type="checkbox"/>	10. Submit the approval letter/memo from Janae Burr (OCDD)
<input type="checkbox"/>	11. Submit the approval letter/memo from Tracy Barker (EPSDT Services)
<input type="checkbox"/>	12. On <b>Section A</b> of the PE-50 Form, in the ' <b>Specialty Code</b> ' space write in Code ' <b>81</b> ' (Case Management). There is no <b>Subspecialty code</b> , so leave this field <b>blank</b> .
<input type="checkbox"/>	13. On <b>Section D</b> of the PE-50 Form, in the ' <b>Provider Type Description</b> ' space, write in ' <b>Case Management/SC</b> ' and in the ' <b>Provider Type Code</b> ' space, write in ' <b>45</b> '.

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

\*\* These forms are included here.

Original signatures are required

<b>Please submit all required documentation to:</b>
<b>Gainwell Provider Enrollment</b>
<b>PO Box 80159</b>
<b>Baton Rouge, LA 70898-0159</b>

## Louisiana Medicaid Program Board Resolution Form

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\_\_\_\_.