



**PROVIDER TYPE SPECIFIC
PACKET/CHECKLIST**

(Louisiana Medicaid Program)

**Social Worker
(Individual)**

(Enrollment packet is subject to change without notice)

GENERAL INFORMATION

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.

Effective date of enrollment for ROW services will be the date the application is actually worked up 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.

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).

Assistants are not eligible to enroll in Louisiana Medicaid.

- Individual Social Worker providers may enroll in Louisiana Medicaid for:
 - NOW Professional Provider (see PT 06 – NOW Professional Provider Type Specific Checklist/Packet)
 - Medicare Crossover payments
 - Residential Options Waiver (ROW)
 - Both Medicare Crossover payments and ROW
- Social Workers may enroll and bill as an Individual Social Worker for the ROW program or they may choose to link to and bill through the following Provider Type agencies:
 - PT11 – Shared Living
 - PT84 – Substitute Family Care – Waiver (Host Home)
- Individual Social Workers enrolled for Medicare Crossovers may link to Medicaid-enrolled Rural Health Clinics or Federally Qualified Health Centers, but not Medicaid-enrolled Groups or any other program within Louisiana Medicaid (except in the case of ROW services).

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>

And

2. The information located on the LDH/OCDD website at

<http://new.dhh.louisiana.gov/index.cfm/subhome/11/n/8>

Social Worker

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 Individual Social Worker provider:

Completed	Document Name
*	1. Completed Individual 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 Individual.
	5. 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).
	6. 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).
	7. Printout of online medical license verification from the governing license board of your profession. This verification must contain the license numbers, the effective date of issuance, and the current status of the license. If requesting retroactive coverage, a license must be submitted that covers that time period. A temporary permit is only good until the expiration date.
	8. To report "Specialty" for this provider type on Section A of the PE-50, please use Code 73 (Social Worker).

For Linkage to RHCs & FQHCs only:

<input type="checkbox"/> **	1. Completed Link/Unlink and Working Relationship Form (if applicable).
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For ROW Services:

**	1. Completed Link/Unlink and Working Relationship Form.
**	2. Provider Verification Form for ROW Services.
**	3. To report "Sub-specialty" for this provider type on Section A of the PE-50 please use Code 4W (ROW).

* These forms are available in the **Basic Enrollment Packet for Individuals**. ** Forms are included here.

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

