

Provider Residential Options Waiver (ROW) Sub-Specialty Enrollment Request

To add the ROW (4W) subspecialty to an existing Provider type:

1. Complete the following information and return this form **and** a Freedom of Choice update form to:
OCDD Provider Relations Program Manager
628 N.4th Street 2nd floor – Baton Rouge, LA 70821-3117
2. Complete a separate form for each provider number and region/office.

Provider Number:
Provider Name:
Provider's Physical Address:
Provider Region:

Direct Service Provider Type:	Provider Specialty to be added:	Provider Subspecialty(s) to be added:
<i>11-Shared Living</i>	4A-Dev. Dis.	Services to <u>New ROW</u> Participants: 4G-Provider Owned/Leased Property 4L-Participant Owned/Leased Property Services to Participants from <u>Conversion of ICF/DD to ROW</u> : 4J- Provider Owned/Leased Property 4H- Participant Owned/Leased Property
82-PCA (Waiver)	82-PCA	4W-ROW
84-Substitute Family Care (SFC)	84- Substitute Family Care (SFC)	4W-ROW
44-Skilled Nursing	44-Skilled Nursing	4W-ROW
85- Adult Day Health Care (ADHC)		4W-ROW

Print Name of Authorized Representative

Title of Authorized Representative

Signature of Authorized Representative

Date of Signature

Professional Provider:	Provider Specialty to be added:	Provider Subspecialty(s) to be added:
35-Physical Therapist	65-Ind. Physical Therapy	4W-ROW
37-Occupational Therapist	74-Occupational Therapy	4W-ROW
39-Speech Therapist	71-Speech Therapy	4W-ROW
41-Registered Dietitian	4R-Registered Dietitian	4W-ROW
73-Social Worker	73-Social Work	4W-ROW
31-Psychologist	62-Psychologist	4W-ROW

Print Name of Individual Licensed Professional

Profession

Signature of Individual Licensed Professional

Date of Signature

To be completed by OCDD	
_____	_____
OCDD Representative Signature and Title	Date