



# **PROVIDER TYPE SPECIFIC PACKET/CHECKLIST**

**(Louisiana Medicaid Program)**

# **Pre-Vocational Habilitation**

(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.

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).

# **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>

**And**

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

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

# Pre-Vocational Habilitation CHECKLIST OF FORMS TO BE SUBMITTED

The following checklist shows all documents that must be submitted to the Gainwell Enrollment Unit in order to enroll in the Louisiana Medicaid Program as a Pre-Vocational Habilitation provider:

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.
*	<p>4. Louisiana Medicaid Ownership Disclosure Information Forms for Entity/Business. <b>(Only the Disclosure of Ownership portion of this enrollment packet can be done by choosing Option 1.)</b></p> <p><b>Option 1</b> (preferred): Provider Ownership Enrollment Web Application. Go to <a href="http://www.lamedicaid.com">www.lamedicaid.com</a> and click on the Provider Enrollment link on the left sidebar. After entering ownership information online, the user is prompted to print the Summary Report; the authorized agent must sign page 3 of the Summary Report and include both pages 2 and 3 with the other documents in this checklist.</p> <p style="text-align: center;">-or-</p> <p><b>Option 2</b> (not recommended): If you choose not to use the Provider Ownership Enrollment web application, then submit the hardcopy Louisiana Medicaid Ownership Disclosure Information Forms for Entity/Business.</p>
*	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).
	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> ).
	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> ).
	8. Copy of Adult Day Care (ADC) license issued by Health Standards.
	9. To report "Specialty" for this provider type on Section A of the PE-50, please use Code 36 (Pre-Vocational Habilitation).

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

**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**