



PROVIDER TYPE SPECIFIC PACKET/CHECKLIST

(Louisiana Medicaid)

ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS (EAA) (Environmental Modifications)

ASSESSOR

(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.

Upon successful completion of the Medicaid enrollment process, all OAAS Waiver Service providers and some providers of other Medicaid services will automatically be added to a Freedom of Choice listing in a web-based program called the Provider Locator Tool. This enables public users to search for Medicaid and/or Home and Community-Based Service providers who accept Louisiana Medicaid.

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).

NOTE Regarding, OAAS Community Choices Waiver EAA Providers:

1. A provider can enroll as **EITHER** an EAA Assessor **OR** an EAA Contractor but **NOT BOTH** for the OAAS Community Choices Waiver.
2. Contractors must accept the job specifications contained in the individualized EAA assessment performed by the EAA Assessor unless otherwise agreed to and determined by OAAS.
3. The EAA contractor shall be responsible for the costs associated with bringing the work up to standard, including but not limited to the costs of the materials, labor and any subsequent inspections should the work be found to be substandard.

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>**
- 2. The information located on the LDH/OAAS website at <http://www.ldh.la.gov/oaas>**

Environmental Accessibility Adaptations (EAA) Assessor (OAAS Only) CHECKLIST OF FORMS TO BE SUBMITTED

The following checklist shows all documents that must be submitted to enroll with the Louisiana Medicaid Program as an Environmental Accessibility Adaptations (EAA) Assessor provider to perform EAA Assessments, Inspections and Approvals for OAAS Community Choices Waiver recipients.

NOTE: A provider can enroll as **EITHER** an EAA Assessor **OR** an EAA Contractor but **NOT BOTH** for the OAAS Community Choices Waiver.

Completed	Document Name
*	1. Completed Entity/Business Louisiana Medicaid PE-50 Provider Enrollment Form.
*	2. Completed PE-50 Addendum – Provider Agreement Form.
*	3. Completed Medicaid Direct Deposit (EFT) Authorization Agreement Form.
*	4. Completed Medicaid Ownership Disclosure Information Forms for an Entity/Business.
*	5. (If submitting claims electronically) Completed Provider's Election to Employ Electronic Data Interchange of Claims for Processing in the Louisiana Medical Assistance Program (EDI Contract) Form and 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 (deposit slips are not accepted).
	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 (W-9 forms are not accepted).
	8. To report "Specialty" for this provider type on Section A of the PE-50, please use Code 80 (Environmental Accessibility Adaptations).
	9. To report "Sub-Specialty" for this provider type on Section A of the PE-50 use Code 8Q (EAA Assessor).
	10. As indicated in the Medicaid CCW Provider Manual, Section 7.6 – Provider requirements: A Copy of the current Contractor's license from the State Licensing Board for Contractors, for any of the following building trade classifications: General Contractor, Home Improvement or Residential Building – AND -
	11. Copy of the current license for the clinician(s) or professional(s) (e.g. Physical Therapist, Occupational Therapist, Rehabilitation Engineer, Construction or other), on staff or under contract, who will be doing the assessment, inspection and/or approvals for the EAA modifications – AND -
	12. Copy of a Specialized Certificate in Home Modification (.e.g. Certified Aging in Place Specialist (CAPS), Executive Certificate in Home Modifications, Certified Environmental Access Consultant (CEAC) or other), issued to any of the above clinician(s) or professional(s) – AND -
	13. Copy of three (3) completed assessments that identify the home modification or environmental needs and the recommendations made to satisfy those needs, for individuals. (Redact or block out any identifying information for those individuals, .e.g. Name, address, etc.)
	14. Copy of the signed contract/agreement between the Contractor and the Clinician(s) and/or Professional(s).
**	15. Completed and notarized "Provider Attestation for OAAS Community Choices Waiver Environmental Accessibility Adaption Services Assessor" form.

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

** This form is included in this packet.

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
(including the checklist and application) to:
OAAS Provider Relations
P.O. Box 2031 (Bin #14)
Baton Rouge, LA 70821-2031

**Provider Attestation for OAAS Community Choices Waiver
Environmental Accessibility Adaptation Services
Assessor (OAAS Only)**

PURPOSE

This form confirms that the provider specified below wishes to provide Environmental Accessibility Adaptation Assessor Services under the Community Choices Waiver program and attests that the provider has the knowledge and experience to provide these services.

Provider Number:	LA Medicaid Provider #: (leave blank if new applicant)	National Provider Identifier (NPI):
	()	-
Provider Name:		
Physical Address:		
Contact Person for questions regarding this form:		
Contact Person Phone Number:	() -	

I hereby affirm under oath that all statements I have made on this application and the attachments thereto are:

- True and correct, and
- That I may not bill for the construction of Environmental Accessibility Adaptations (EAA), and
- That all Environmental Accessibility Adaptation Assessor services provided to Community Choices Waiver participants must be prior authorized before services are rendered, and
- That as a provider I will always meet all provider requirements including to have on staff or under contract the following professionals: Licensed Occupational Therapist, Licensed Physical Therapist, or a Rehabilitation Engineer **and** a licensed construction personnel with at least one of these individuals having a Specialized Certification in Home Modification as outlined in the Community Choices Waiver Provider Manual, Section 7.6, Provider Requirements, and
- That the professionals on staff or contracted professionals have, between them, completed a minimum of 3 assessments **that identify an individual's home modification or environmental needs, including recommendations to satisfy those needs,** and
- That as a provider, I have the knowledge and experience to assess waiver participants and their home environments to determine whether or not there is a need for environmental adaptations/modifications to the home, provide a written report and recommendations, develop specifications for needed environmental adaptations, and perform interim (as needed) and final inspections/approvals, and
- I understand that violation of this oath shall constitute cause sufficient for the refusal or revocation of enrollment in Medicaid.

_____ Print Authorized Representative's Name _____ Signature of Authorized Representative _____ Date of Signature

THUS DONE AND PASSED BEFORE ME, Notary, in the City of _____, State
of _____ on the ____ day of _____, 20 ____.

Notary Seal or Notary Identification Number (required)

Notary Public Signature

Complete this form in its entirety. Original signature required – BLUE ink ONLY.