



PROVIDER TYPE SPECIFIC PACKET/CHECKLIST

(Louisiana Medicaid)

**Personal Care Attendant
(Waiver)**

(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.

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 completion of the Medicaid enrollment process, all OCDD/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 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 Medicaid provider, the provider has a change of physical address, then the provider must first obtain an updated license indicating the new address. The one year license renewal period begins over when a provider gets a new license because of a change of address. The provider must then submit notification of the change of address along with a copy of the new license to Gainwell Provider Enrollment (see address on checklist, below). Failure to report a change of address, first to Health Standards and then to Gainwell Provider Enrollment, will result in your agency being incorrectly listed on the Freedom of Choice list.

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>

3. The information located on the DHH/OAAS website at
<http://new.dhh.louisiana.gov/index.cfm/subhome/12/n/7>

Waiver Personal Care Attendant 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 a Waiver Personal Care Attendant:

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 (two pages).
<input type="checkbox"/> *	3. Completed Medicaid Direct Deposit (EFT) Authorization Agreement Form.
<input type="checkbox"/> *	<p>4. Louisiana Medicaid Ownership Disclosure Information Forms for Entity/Business. (Only the Disclosure of Ownership portion of this enrollment packet can be done online by choosing Option 1).</p> <p>Option 1: Provider Ownership Enrollment Web Application. Go to www.lamedicaid.com 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>-or-</p> <p>Option 2: 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>
<input type="checkbox"/> *	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).
<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 (deposit slips are not accepted) .
<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 (W-9 forms are not accepted) .
<input type="checkbox"/>	8. Copy of Home and Community Based Services license with Personal Care Attendant (PCA module issued by Health Standards.
<input type="checkbox"/>	9. To report "Specialty" for this provider type on Section A of the PE-50, please use Code 82 (PCA).
<input type="checkbox"/>	10. To report "Sub-Specialty for this provider type on Section A of the PE-50, please use one of the following codes: 8A (Elderly, Community Choices Waiver and Developmentally Disabled) 8B (Elderly, Community Choices Waiver Only) 8C (Developmentally Disabled Only)
<input type="checkbox"/>	11. To report "Sub-Specialty for this provider type to provide Caregiver Temporary Support under the Community Choices Waiver on Section A of the PE-50, please use code 8D.

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

PLEASE USE THIS CHECKLIST TO ENSURE THAT ALL REQUIRED ITEMS ARE SUBMITTED WITH YOUR APPLICATION FOR ENROLLMENT. 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