

Provider Number:



National Provider Identifier (NPI)

Provider Enrollment Change Request for Community Choices Waiver Services for Provider Type 82 (Waiver Personal Care Attendant)

If your agency is currently enrolled as Medicaid provider type 82 (Waiver Personal Care Attendant) use this form to become a provider of Community Choices Waiver services as identified below.

Complete all applicable information as indicated below and return to:

Gainwell Provider Enrollment Unit PO Box 80159 Baton Rouge, LA 70898-0159

LA Medicaid Provider #

| Provider Name: | | | | | | | | | | • | | | • | | |
|---|----|---|------|-------|-------|--------|-------|-------------------------------|-------|------|--|----------|--------|--------|-----|
| Physical Address: | | | | | | | | | | | | | | | |
| Contact Person for questions regarding this form: | | | | | | | | | | | | | | | |
| Contact Person Phone Number: | (|) | | - | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Provider Sub-Specialty to add | | | | | | | 4 | Additional Required Documents | | | | | | | |
| To provide Home-Based Caregiver Temporary Support select the following code: BD (– Caregiver Temporary Support) | | | | | | | ١ | Not Applicable | | | | | | | |
| Print Authorized Representative's Nar | ne | _ | Sign | ature | of Au | thoriz | zed R | depre: | senta | tive | | Date | e of S | ignatı | ure |

Complete this form in its entirety. Original signature required – blue ink only