



PROVIDER TYPE SPECIFIC PACKET/CHECKLIST

(Louisiana Medicaid Program)

Monitored In-Home Caregiving for OAAS and OCDD

(Enrollment packet is subject to change without notice.)

GENERAL INFORMATION REGARDING WAIVER ENROLLMENTS

- The effective date is the date of enrollment approval.
- Non active billing will result in deactivation of the Medicaid provider number. To be reinstated, a provider must meet all enrollment requirements.
- An updated license must be obtained and submitted to Provider Enrollment for physical address changes.

GENERAL POLICY INFORMATION:

Waiver service providers are required to comply with both policy and program requirements located on the Louisiana Department of Health (LDH) Office for Citizens with Developmental Disabilities (OCDD) website, the LDH Office of Aging and Adult Services (OAA) website, and the Louisiana Medicaid provider manuals linked below.

Louisiana Medicaid Provider Manuals located at:

<https://www.lamedicaid.com/Provweb1/Providermanuals/ProviderManuals.htm>

LDH/OCDD website:

<https://www.ldh.la.gov/OCDD>

LDH/OAAS website:

<https://www.ldh.la.gov/OAAS>

Please note Louisiana Medicaid will not reimburse you for waiver services provided to participants who are not enrolled in one of the waiver programs.

OAAS & OCDD Monitored In-Home Caregiving (MIHC)

REQUIRED DOCUMENTS FOR ENROLLMENT

The following checklist shows all required documents that **MUST** be submitted to enroll with Fee For Service (FFS) Louisiana Medicaid. Please make certain to complete each required form in its entirety to avoid processing delays.

*Form is included in the **Basic Enrollment Packet for Entities/Businesses**.

| Completed | Document Name |
|-----------|---|
| * | 1. Entity/Business Louisiana Medicaid PE-50 Provider Enrollment Form. |
| * | 2. PE-50 Addendum – Provider Agreement Forms (three pages) . |
| * | 3. Medicaid Direct Deposit (EFT) Authorization Agreement Form. |
| * | 4. Louisiana Medicaid Ownership Disclosure Information Forms. |
| * | 5. (If submitting claims electronically) 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. Copy of Home and Community Based Services Provider License with MIHC Module issued by LDH Health Standards Section (HSS). |
| * | 9. To report "Specialty" for this provider type on Section A of the PE-50, please use Code 9M (MIHC) . |

Original Signatures Required – Please Do NOT Use Black Ink

Please submit all required documentation to:

**OAAS Provider Relations
P.O.Box 2031 (Bin14)
Baton Rouge, LA 70821-2031
225-439-7642**