



**PROVIDER TYPE SPECIFIC
PACKET/CHECKLIST**

(Louisiana Medicaid Program)

Children's Choice

(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.

After you receive your letter confirming your enrollment in Louisiana Medicaid as a Waiver provider, then you must complete documentation to be added to the Freedom of Choice list. The Medicaid Freedom of Choice Request Form is located on the DHH website at <http://www.dhh.louisiana.gov/offices/publications.asp?ID=191&Detail=1217>

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 Molina Medicaid Solutions Provider Enrollment (see address on checklist, below).

To: Prospective Children's Choice Waiver Providers

From: Office for Citizens with Developmental Disabilities

RE: Children's Choice Waiver Provider Enrollment/Medicaid Certification Process

After you receive your letter confirming your enrollment in Louisiana Medicaid as a Children's Choice Waiver provider, then you must complete documentation to be added to the Freedom of Choice list. The Medicaid Freedom of Choice Request Form is located on the DHH website at <http://www.dhh.louisiana.gov/offices/publications.asp?ID=191&Detail=1217>

Waiver service providers are required to comply with all documentation requirements contained in:

1. The provider manuals.
2. The information located on the DHH/OCDD website at <http://www.dhh.louisiana.gov/offices/publications.asp?ID=191>

For information and documents on Children's Choice, refer to: <http://www.dhh.louisiana.gov/offices/page.asp?ID=191&Detail=6656>

Children's Choice

CHECKLIST OF FORMS TO BE SUBMITTED

The following checklist shows all documents that must be submitted to the Molina Medicaid Solutions Provider Enrollment Unit in order to enroll in the Louisiana Medicaid Program as a Children's Choice provider:

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 (preferred): 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 style="text-align: center;">-or-</p> <p>Option 2 (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>
<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 Personal Care Attendant (PCA) license 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 9E (Children's Choice Waiver).

* 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:
Molina Medicaid Solutions Provider Enrollment Unit
PO Box 80159
Baton Rouge, LA 70898-0159

**DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE FOR CITIZENS WITH DEVELOPMENTAL DISABILITIES (OCDD)
WAIVER SUPPORTS AND SERVICES**

CHILDREN'S CHOICE WAIVER FACT SHEET

Description	<p>The Children's Choice Waiver began February 21, 2001 to offer supplemental support to children with developmental disabilities who currently live at home with their families or who will leave an institution to return home.</p> <ul style="list-style-type: none"> • Children's Choice is an option offered to children on the Developmental Disabilities Request for Services Registry (RFSR) for the New Opportunity Waiver (NOW), as funding permits. • Families choose to either apply for Children's Choice, or remain on the Developmental Disabilities Request for Services Registry for NOW. • Waiver participants are eligible for all medically necessary Medicaid services, including EPSDT screenings and extended services, and will also receive up to \$17,000 per year in Children's Choice Services (including required Support Coordination (case management)). • Service package is designed for maximum flexibility. • A family that chooses Children's Choice may later experience a crisis that increases the need for paid supports to a level that would be more than the \$15,000 cap on Children's Choice expenditures. During an initial one-year trial period, special provisions have been made to provide additional supports during the crisis period until other arrangements can be made. • Children who "age out" (reach their 19th birthday) will transfer into the New Opportunities Waiver as long as they remain eligible for waiver services. <p>There are five waiver services not available to other Medicaid recipients which are provided in lieu of institutional care:</p> <ol style="list-style-type: none"> 1. <u>Support Coordination</u> – services that assist the families in life planning for the child including gaining access to needed waiver and State Plan services, as well as needed medical, social, educational, and other services, regardless of the funding source to which access is gained. Home visits are required. 2. <u>Family Support</u> – services provided directly to the child that enable a family to keep the child at home and that enhance family functioning. 3. <u>Center-Based Respite</u> – services provided on a short-term basis to children unable to care for themselves due to the absence or need for relief of the parents or to others who normally provide care and supervision. 4. <u>Environmental Accessibility Adaptations</u> – physical adaptations to the home or vehicle necessary to ensure health, welfare, and safety of the child, or which enable the child to function with greater independence in the home, and without which additional supports institutionalization would be required. Excluded are adaptations of general use or those that add to the total square footage of the home. Excluded are fire alarms, smoke detectors, and fire extinguishers. 5. <u>Family Training</u> – training and education services for the families of waiver recipients that is provided by professional organizations or practitioners appropriate to the needs of the child and approved by OCDD Regional Waiver office. <p>A family choosing Children's Choice may later experience a crisis increasing the need for paid supports to a level, which would be more than the \$17,000 cap on Children's Choice expenditures. During an initial one-year trial period, special provisions have been made to provide additional supports during the crisis period until other arrangements can be made.</p> <p>A family may also experience a temporary "non-crisis" that could increase the need for additional supports beyond the \$17,000 cap and allow the participant's name to be restored to the Developmental Disabilities Request for Services Registry for the NOW. Current Children's Choice Waiver services will not be terminated as a result of restoring the name to the registry. Special provisions have been made to allow someone to be restored to the registry until a NOW opportunity becomes available.</p>
Level of Care	Recipients must meet ICF/DD level of care for medical and/or psychological criteria. Procedure and requirements for admission to the waiver are the same as for ICF/DD determination.
Population	Age – Birth through age 18 years Disability – Meets the Louisiana definition for a developmental disability.
Eligibility	Income – Up to three times SSI amount. Income of other family members is not considered. Needs Allowance – Three times the SSI amount. Resources – Less than \$2,000. Non-financial – Meets all Medicaid non-financial requirements (citizenship, residence, Social Security number, etc.) Other – Same resource, disability, parental deeming, etc. as ICF/DD.

**For Information about Accessing Children's Choice Waiver Services,
Please Contact Your OCDD Regional Office/District/Authority.**