



**PROVIDER TYPE SPECIFIC
PACKET/CHECKLIST**

(Louisiana Medicaid Program)

Assistive Devices

(Enrollment packet is subject to change without notice)

ATTENTION!!

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>

Assistive Devices

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 an Assistive Devices 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 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"/>	<p>8. (A) Documentation on manufacturer's letterhead that the individual/business listed on the Louisiana Medicaid Enrollment Form and Addendum (PE-50) is:</p> <ul style="list-style-type: none"> • Authorized to sell and install or has a contract with an agency to sell and install <ul style="list-style-type: none"> ○ Assistive Technology ○ Specialized Equipment and Supplies ○ or Devices for assistance with activities of daily living • and Has training and experience with the application, use, fitting and repair of the equipment or devices which they propose to sell or repair <p style="text-align: center;">-or-</p> <p>(B) For interpreters, verification is required that interpreter has completed a course or is otherwise recognized as qualified.</p>
<input type="checkbox"/>	9. To report "Specialty" for this provider type on Section A of the PE-50, please use Code 91 (Assistive Devices).

* 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

NOTICE TO WAIVER SERVICE PROVIDERS

Please note that Louisiana Medicaid will only reimburse you for services rendered to Medicaid recipients who are enrolled in a waiver program (New Opportunities Waiver (NOW) Waiver, Elderly and Disabled Adult Waiver (EDA) and Children's Choice Waiver). Medicaid will not reimburse you for services provided to recipients who are not enrolled in one of the waiver programs.

In addition, the following limitations apply:

1. The following provider types may be reimbursed for recipients in the **NOW Waiver**:
 - Assistive Devices – PT 17
 - Center-Based Respite – PT 83
 - Day Habilitation – PT14
 - Environmental Modifications – PT 15
 - Habilitative / Supported Employment – PT 98
 - Personal Care Attendance (PCA) – PT 82
 - Personal Emergency Response System (PERS) – PT 16
 - Pre-Vocational Habitation – PT 13
 - Skilled Nursing Services - PT44
 - Substitute Family Care – PT 84
 - Supervised Independent Living (SIL) – PT 89

2. The following provider types may be reimbursed for recipients in the **EDA Waiver**:
 - Personal Care Attendance (PCA) – PT 82
 - Environmental Modifications – PT 15
 - Personal Emergency Response System (PERS) – PT 16

3. The following provider types may be reimbursed recipients in the **Children's Choice Waiver**:
 - Children's Choice Provider – PT 03
 - Center-Based Respite – PT 83

Note: Agencies licensed as Personal Care Attendance (PCA) agencies and enrolled as Personal Care Services (PCS) Provider Types may also provide Early Periodic Screening Diagnosis and Treatment (EPSDT) – Personal Care Services and Long-Term – Personal Care Services (LT-PCS – PT24) as State Plan Services to eligible recipients. **EPSDT-PCS and LT-PCS Services are NOT Waiver Services.**