



ENROLLMENT PACKET FOR THE LOUISIANA MEDICAL ASSISTANCE PROGRAM (Louisiana Medicaid Program)

PSYCHOLOGIST

(Enrollment packet is subject to change without notice)

PSYCHOLOGICAL SERVICES UNDER MEDICAID

PLEASE REVIEW THIS PAGE TO DETERMINE WHAT TYPE OF PSYCHOLOGICAL SERVICES FOR WHICH YOU WISH TO ENROLL BEFORE PROCEEDING WITH THE APPLICATION PROCESS.

Psychological services under the Medicaid program are available to eligible Medicaid recipients under the following programs:

1. Medicare “Cross-Over” Claims

- These services are provided to individuals who are dually eligible for both Medicare and Medicaid.

2. EPSDT Psychological and Behavioral Services (PBS) for Children

- Effective Date of program is June 17, 2002. Services rendered to Medicaid recipients prior to this date are not reimbursable under this program.
- Psychological and Behavioral Services may be provided to children up to age 21 who are eligible for these services and meet the following criteria:
 - a) Have a diagnosis of Pervasive Development Disorder according to a clinically diagnostic screening tool or other assessment; **or**
 - b) Have an impaired functional status that can be addressed by psychological treatment, on an instrument or other assessment of individual functioning that is appropriate for individuals with developmental disabilities; **or**
 - c) Engage in behaviors so disruptive or dangerous that harm to others is likely (e.g., hurts or tries to hurt others, such as hitting, biting, throwing things at others, using or threatening to use a weapon or dangerous object). Behaviors are recurrent, not a single instance; **or**
 - d) Engage in behaviors that have resulted in actual physical harm to herself or himself, such as bruising, lacerations, or other tissue damage, or would result in same if she or he was not physically restrained. Behaviors are recurrent, not a single instance. Behaviors are not the result of clinically suicidal intent.

3. Both Medicare and PBS

HELPFUL INFORMATION

- Reimbursement rates are available at www.lamedicaid.com under “Fee Schedules.” See EPSDT Psychological and Behavioral Services.
- To provide services under this program, Medicaid eligibility of the recipient must be verified through the following:

Verification of Medicaid eligibility may be obtained through the Recipient Verification System (REVS) by calling 800/776-6323, by eMEVS using a web application accessed through www.lamedicaid.com, or by using the automated Medical Eligibility Verification System (MEVS). Use of MEVS system requires additional hardware.

- The child’s name, Medicaid number, and date of birth are required to obtain eligibility verification.

PSYCHOLOGIST

CHECKLIST OF FORMS TO BE SUBMITTED

The following checklist shows all documents that must be submitted to the Molina Provider Enrollment Unit in order to enroll in the Louisiana Medicaid Program as a Psychologist provider under one of the following programs:

1. *Required Forms for Enrollment for Cross-Over Claims Only Program:*

Completed	Document Name
<input type="checkbox"/>	1. Completed Individual Louisiana Medicaid PE-50 Provider Enrollment Form.* <ul style="list-style-type: none"> • Put Medicare Only in the Specialty Type field of Section A.
<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"/>	4. Completed Louisiana Medicaid Ownership Disclosure Information Forms* for Individuals (two pages).
<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. (If requesting new submitter number) EDI Annual Certification Of Electronically-Submitted Medicaid Claims Form.*
<input type="checkbox"/>	7. Copy of voided check or letter from the bank on bank letterhead for the account to which you wish to have your funds electronically deposited (deposit slips are not accepted) .
<input type="checkbox"/>	8. 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"/>	9. Copy of current medical license from governing license board of your profession. If requesting retroactive coverage, a license must be submitted that covers that time period. A temporary permit is only good until the expiration date.
<input type="checkbox"/>	10. Verification of Medicare Provider Number.

*These forms are available in the **Basic Enrollment Packet for Individuals**.

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

2. Required Forms for Enrollment for Psychological & Behavioral Services (PBS) Program:

Completed	Document Name
<input type="checkbox"/>	1. Completed Individual Louisiana Medicaid PE-50 Provider Enrollment Form.* <ul style="list-style-type: none"> • Put one of the following six specialties in the Specialty Type field of Section A (must match the specialty selected on the Provider Verification form, which is included in this packet): <ul style="list-style-type: none"> ○ 6A Psychologist – Clinical ○ 6B Psychologist – Counseling ○ 6C Psychologist – School ○ 6D Psychologist – Developmental ○ 6E Psychologist – Non-declared ○ 6F Psychologist – All Other
<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"/>	4. Completed Louisiana Medicaid Ownership Disclosure Information Forms* for Individuals (two pages).
<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. If requesting new submitter number) EDI Annual Certification Of Electronically-Submitted Medicaid Claims Form.*
<input type="checkbox"/>	7. Completed and notarized Provider Verification form.* *
<input type="checkbox"/>	8. Completed Supplemental Information form.**
<input type="checkbox"/>	9. Copy of voided check or letter from the bank on bank letterhead for the account to which you wish to have your funds electronically deposited (deposit slips are not accepted) .
<input type="checkbox"/>	10. 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"/>	11. Copy of current medical license from governing license board of your profession. If requesting retroactive coverage, a license must be submitted that covers that time period. A temporary permit is only good until the expiration date.

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**These forms are included in this packet.

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3. Required Forms for Enrollment for Both Medicare and PBS Program.

Completed	Document Name
<input type="checkbox"/>	1. Completed Individual Louisiana Medicaid PE-50 Provider Enrollment Form.* <ul style="list-style-type: none"> • Put the word Medicare and one of the following six specialties in the Specialty Type field of Section A (must match the specialty selected on the Provider Verification form, which is included in this packet): <ul style="list-style-type: none"> ○ 6A Psychologist – Clinical ○ 6B Psychologist – Counseling ○ 6C Psychologist – School ○ 6D Psychologist – Developmental ○ 6E Psychologist – Non-declared ○ 6F Psychologist – All Other
<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"/>	4. Completed Louisiana Medicaid Ownership Disclosure Information Forms* for Individuals (two pages).
<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. (If requesting new submitter number) EDI Annual Certification Of Electronically-Submitted Medicaid Claims Form.*
<input type="checkbox"/>	7. Completed and notarized Provider Verification form.**
<input type="checkbox"/>	8. Completed Supplemental Information form.**
<input type="checkbox"/>	9. Copy of voided check or letter from the bank on bank letterhead for the account to which you wish to have your funds electronically deposited (deposit slips are not accepted) .
<input type="checkbox"/>	10. 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"/>	11. Copy of current medical license from governing license board of your profession. If requesting retroactive coverage, a license must be submitted that covers that time period. A temporary permit is only good until the expiration date.
<input type="checkbox"/>	12. Verification of Medicare Provider Number.

*These forms are available in the **Basic Enrollment Packet for Individuals**.

**These forms are included in this packet.

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).

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I. PROVIDER VERIFICATION:

Must be completed by psychologists enrolling in the Psychological and Behavioral Services Program

I hereby affirm under oath that all statements I have made on this application and the attachments thereto are true and correct; that I have a Ph.D., am a licensed psychologist in good standing in the State of Louisiana, and am professionally qualified to treat children, children and/or adults with PDD including autism, and/or developmental disabilities. I understand that violation of this oath shall constitute cause sufficient for the refusal or revocation of enrollment in Medicaid. At least one of the following specialties must be declared (a minimum of one is required):

Specialty:

- | | |
|---|---|
| <input type="checkbox"/> 6A Psychologist -Clinical | <input type="checkbox"/> 6D Psychologist- Developmental |
| <input type="checkbox"/> 6B Psychologist-Counseling | <input type="checkbox"/> 6E Psychologist-Non-Declared |
| <input type="checkbox"/> 6C Psychologist-School | <input type="checkbox"/> 6F Psychologist-All Other |

Sworn this ___ day of _____, 20__.

Provider Original Signature (initials or stamped signatures are not acceptable)

Notary Public

Notary's Seal/Stamp_____

-- See Other Side --

II. Supplemental Information (for information purposes only)

1. Please list your degree(s).
2. Please describe your training and experience with children with autism and/or other severe challenging behaviors:
3. Please list what percentage of your clinical and/or research activities are allocated to the assessment and treatment of autism and/or other severe challenging behaviors:
4. Please briefly describe what intervention approaches you would use to address the following components of treatment:
 - a. Play and social skills:
 - b. Language and communication skills:
 - c. Problem behavior (e.g., self-injury, aggression, repetitive stereotyped behavior):
 - d. Self-help skills:
 - e. Generalization of skills:
 - f. Parent training:
5. While enrolled as a Medicaid provider, do you intend to treat children with Pervasive Developmental Disorders?