



**PROVIDER TYPE SPECIFIC  
PACKET/CHECKLIST**

**(Louisiana Medicaid Program)**

**Substitute Family  
Care**

(Enrollment packet is subject to change without notice)

# GENERAL INFORMATION FOR THE SUBSTITUTE FAMILY CARE PROVIDER TYPE

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 an additional three-week turnaround period.

Effective date of enrollment will be the date the application is actually worked up by Provider Enrollment.

A separate enrollment packet must be completed for each DHH Administrative Region in which your agency will be providing services as a Substitute Family Care Residential Option Waiver (ROW) provider.

Any provider applying for ROW services must send the enrollment application to the ROW Program Manager at the Office for Citizens with Developmental Disabilities. See Checklist below for complete address.

The following individual Provider Types may be linked and reimbursed through the Substitute Family Care provider type:

- PT 31 – Psychologist
- PT 35 – Physical Therapist
- PT 37 – Occupational Therapist
- PT 39 – Speech Therapist
- PT 41 – Registered Dietician
- PT 73 – Social Worker

**To: Prospective Residential Options Waiver Providers**

**From: Office for Citizens with Developmental Disabilities**

**RE: Residential Options Waiver Provider Enrollment/Medicaid Certification**

After you receive your letter confirming your enrollment in Louisiana Medicaid as a Residential Options 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 ROW refer to:

<http://www.dhh.louisiana.gov/offices/publications.asp?ID=191&Detail=1952>

# Substitute Family Care 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 Substitute Family Care 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. <b>(Only the Disclosure of Ownership portion of this enrollment packet can be done online by choosing Option 1.)</b></p> <p><b>Option 1:</b> Provider Ownership Enrollment Web Application. Go to <a href="http://www.lamedicaid.com">www.lamedicaid.com</a> 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><b>Option 2:</b> 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. <b>(If submitting claims electronically)</b> Completed Provider's Election to Employ Electronic Data Interchange of Claims for Processing in the Louisiana Medical Assistance Program (EDI Contract) Form <b>and</b> 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 <b>(deposit slips are not accepted)</b> .
<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 <b>(W-9 forms are not accepted)</b> .
<input type="checkbox"/>	8. Copy of Class A Child Placing license issued by the Department of Children & Family Services (DCFS) – formerly Department of Social Services (DSS).
<input type="checkbox"/>	9. To report "Specialty" for this provider type on Section A of the PE-50, please use Code 84 (Substitute Family Care).

**For ROW Services:**

<input type="checkbox"/> **	1. Completed Link/Unlink and Working Relationship Form.
<input type="checkbox"/> **	2. Provider Verification Form for ROW Services.
<input type="checkbox"/> **	3. To report "Sub-specialty" for this provider type on Section A of the PE-50 please use Code 4W (ROW).

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

\*\* Forms are included here.

**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 the appropriate address shown below:	
<p><b>Enrollment for straight Medicaid:</b> Molina Medicaid Solutions Provider Enrollment Unit PO Box 80159 Baton Rouge, LA 70898-0159</p>	<p><b>Enrollment for ROW only or both ROW and straight Medicaid:</b> Office for Citizens with Developmental Disabilities ROW Program Manager P.O. Box 3117 Baton Rouge, LA 70821-3117</p>



