



PROVIDER TYPE SPECIFIC PACKET/CHECKLIST

(Louisiana Medicaid)

ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS (EAA) (Environmental Modifications)

(Enrollment packet is subject to change without notice)

GENERAL INFORMATION FOR PROVIDER ENROLLMENT

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.

OCDD Waiver Service Providers must submit additional documentation to be placed on what is called the Freedom of Choice listing. This documentation is to be downloaded from the web after receiving the letter confirming enrollment in Louisiana Medicaid. The additional documentation required is a Medicaid Freedom of Choice Request Form which is found on the DHH website at: <http://new.dhh.louisiana.gov/index.cfm/page/141>. (The link to this form is located just above the map of Louisiana).

Upon successful completion of the Medicaid enrollment process, all OAAS Waiver Service providers and some providers of other Medicaid services will automatically be added to a Freedom of Choice listing in a web-based program called Provider Locator Tool. This enables public users to search for Medicaid and/or Home and Community Based Service providers who accept Louisiana Medicaid.

If at any time during enrollment as a Medicaid provider, the provider has a change of physical address, the provider must first obtain an updated license indicating the new address. The one year license renewal period begins over when a provider gets a new license because of a change of address. The provider must then submit notification of the change of address along with a copy of the new license to Molina Medicaid Solutions Provider Enrollment (see address on checklist, below). Failure to report a change of address, first to Health Standards and then to Molina Medicaid Solutions Provider Enrollment, will result in your agency being incorrectly listed on the Freedom of Choice list.

Providers enrolled as type 15 (Environmental Accessibility Adaptations [EAA] [Environmental Modifications]) are allowed to provide services in accordance with applicable rules, regulations and policies under waiver programs as specified below:

- EAA Services to OCDD New Opportunities Waiver Recipients:
 - o Ramps, Lifts, Bathroom and Other modifications
 - o Vehicle Modifications

- EAA Services to OCDD Residential Options Waiver Recipients:
 - o Ramps, Lifts, Bathroom and Other modifications
 - o Vehicle Modifications
 - o

- EAA Services to OCDD Children's Choice Waiver Recipients:
 - o Ramps, Lifts, Bathroom and Other modifications
 - o Vehicle Modifications

- EAA Services to OAAS Community Choices Waiver Recipients:
 - o EAA Assessments, Inspections and Approvals
 - o OR
 - o Ramps, Lifts, Bathroom and Other modifications

NOTICE RE: OAAS Community Choices Waiver EAA:

1. A provider can enroll as either an EAA Assessor or an EAA Contractor but not both for OAAS Community Choices Waiver.
2. Contractors must accept the job specifications contained in the individualized EAA assessment performed by the EAA Assessor unless otherwise agreed to and determined by OAAS.
3. The EAA contractor shall be responsible for the costs associated with bringing the work up to standard, including but not limited to the costs of the materials, labor and any subsequent inspections should the work be found to be substandard.

NOTICE TO WAIVER SERVICE PROVIDERS

Please note that Louisiana Medicaid will only reimburse you for waiver services rendered to Medicaid recipients who are enrolled in a waiver program (New Opportunities Waiver (NOW), Children's Choice Waiver, Supports Waiver, Residential Options Waiver (ROW), Adult Day Health Care (ADHC) Waiver and Community Choices Waiver). Medicaid will not reimburse you for waiver services provided to recipients who are not enrolled in one of the waiver programs.

ATTENTION!!

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

- 1. The provider manuals located at <http://www.lamedicaid.com>**
- 2. The information located on the LDH/OAAS website at <http://new.dhh.louisiana.gov/index.cfm/subhome/12/n/7>**

And

- 3. The information located on the LDH/OCDD website at <http://new.dhh.louisiana.gov/index.cfm/subhome/11/n/8>**

**Environmental Accessibility Adaptations (EAA)
CONTRACTOR**

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 Environmental Accessibility Adaptations (EAA) provider to perform environmental adaptations for Waiver program recipients. **NOTE: Agencies enrolled to perform Environmental Accessibility Adaptations for Community Choices Waiver program recipients cannot enroll to provide EAA Assessor services for OAAS Community Choices Waiver recipients AND must accept the job specifications contained in the individualized EAA assessment performed by the EAA Assessor unless otherwise agreed to and determined by OAAS.**

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: 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 align="center">-or-</p> <p>Option 2: 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. Completed and notarized "Provider Attestation for OAAS Community Choices Waiver Environmental Accessibility Adaptation Services" Form.
<input type="checkbox"/>	<p>9. (A) Copy of a current license from the State Licensing Board for Contractors for any of the following building trade classifications. The name on the license must match the DBA (Doing Business As) name on the license or the owner's name (if sole proprietor):</p> <ul style="list-style-type: none"> • General Contractor • Home Improvement • Residential Building <p align="center">-or-</p> <p>(B) If currently enrolled in Louisiana Medicaid as a DME provider, documentation from the manufacturing company (on their company letterhead) that confirms this DME provider is an authorized distributor of a specific product that attaches to a building. The letter must specify the product and must state that this DME provider has been trained on its installation.</p> <p align="center">-or-</p> <p>(C) Vehicle adaptations: Copy of license by the Louisiana Motor Vehicle Commission as a "Specialty Vehicle Dealer" and copy of accreditation by The National Mobility Equipment Dealers Association under the "Structural Vehicle Modifier."</p>
<input type="checkbox"/>	10. To report "Specialty" for this provider type on Section A of the PE-50, please use Code 80 (Environmental Accessibility Adaptations).

*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

**Provider Attestation for OAAS Community Choices Waiver
Environmental Accessibility Adaptation Services
CONTRACTOR**

PURPOSE

This form confirms that the provider specified below wishes to provide Environmental Accessibility Adaptation Assess under the Community Choices Waiver program and attests that the provider has the knowledge and experience to provide these services.

Provider Number:	LA Medicaid Provider # (leave blank if new applicant)	National Provider Identifier (NPI)
Provider Name:		
Physical Address:		
Contact Person for questions regarding this form:		
Contact Person Phone Number:	() -	

I hereby affirm under oath that all statements I have made on this application and the attachments thereto are:

- True and correct, and
- That I may not bill for the performance of environmental accessibility adaptations, and assessment, and
- That all Environmental Accessibility Adaptation services provided to Community Choices Waiver participants must be prior authorized before services are rendered, and
- As a provider I have the knowledge and experience to perform environmental adaptations to the home, and
- As a provider I understand that I will be responsible for the costs associated with bringing any work performed up to standard, including but not limited to the costs of the materials, labor, and any subsequent inspections should the work be found to be substandard, and
- As a contractor, I must accept the job specifications contained in the individualized EAA assessment performed by the EAA Assessor/Inspector/Approver unless other otherwise agreed to and determined by OAAS.
- I understand that violation of this oath shall constitute cause sufficient for the refusal or revocation of enrollment in Medicaid, and

Print Authorized Representative's Name

Signature of Authorized Representative

Date of Signature

THUS DONE AND PASSED BEFORE ME, Notary, in the City of _____, State
of _____ on the _ day of _____, 20__.

Notary Public Signature

Notary Seal or Notary Identification Number (required)

Complete this form in its entirety. Original signature required – blue ink only

Environmental Accessibility Adaptations (EAA) Assessor (OAAS Only) 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 Environmental Accessibility Adaptations (EAA) provider to perform EAA Assessments, Inspections and Approvals for OAAS Community Choices Waiver recipients. **NOTE: Agencies enrolled to provide EAA Assessor services for Community Choices Waiver recipients cannot enroll to perform Environmental Accessibility Adaptations for Community Choices Waiver recipients.**

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"/> *	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.) Option 1: 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. -or- Option 2: 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.
<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. To report "Specialty" for this provider type on Section A of the PE-50, please use Code 80 (Environmental Accessibility Adaptations).
<input type="checkbox"/>	9. To report "Sub-Specialty" for this provider type on Section A of the PE-50 use Code 8Q (EAA Assessor/ Inspector/ Approver).
<input type="checkbox"/>	10. Copy of Specialized Certification in Home Modification as outlined in the Community Choices Provider Manual, Section 7.6, Provider Requirements
<input type="checkbox"/>	11. Copy of Clinical Professional(s) License: Physical Therapist, Occupational Therapist, and/or a Rehabilitation Engineer as outlined in the Community Choices Waiver Provider Manual, Section 7.6, Provider Requirements
<input type="checkbox"/>	12. Copies of three (3) redacted assessments showing that the applicant and/or staff have completed a minimum of three (3) assessments that identify an individual's home modification or environmental needs and includes recommendations to satisfy those needs.
<input type="checkbox"/> **	13. Completed and notarized "Provider Attestation for OAAS Community Choices Waiver Environmental Accessibility Adaptation Assessor"
<input type="checkbox"/>	14. Letter from Office of Aging and Adult Services (OAAS) verifying that Environmental Accessibility Adaptation Assessor Applicant has met items 10, 11, 12, and 13 as listed above.

*These forms are available in the **Basic Enrollment Packet for Entities/Businesses**.

** This form is 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).

Please submit all required documentation to:
OAAS Provider Relations
PO Box 2031 (Bin #14)
Baton Rouge, LA 70821-2031

**Provider Attestation for OAAS Community Choices Waiver
Environmental Accessibility Adaptation Services
Assessor (OAAS Only)**

PURPOSE

This form confirms that the provider specified below wishes to provide Environmental Accessibility Adaptation Assessor Services under the Community Choices Waiver program and attests that the provider has the knowledge and experience to provide these services.

Provider Number:	LA Medicaid Provider # (leave blank if new applicant)	National Provider Identifier (NPI)
Provider Name:		
Physical Address:		
Contact Person for questions regarding this form:		
Contact Person Phone Number:	() -	

I hereby affirm under oath that all statements I have made on this application and the attachments thereto are:

- True and correct, and
- That I may not bill for the construction of environmental accessibility adaptations, and
- That all Environmental Accessibility Adaptation Assessor services provided to Community Choices Waiver participants must be prior authorized before services are rendered, and
- That as a provider I will always meet all provider requirements including to have on staff or under contract the following professionals: Licensed Occupational Therapist, Licensed Physical Therapist, a Rehabilitation Engineer and a licensed construction personnel with at least one of these individuals having a Specialized Certification in Home Modification as outlined in the Community Choices Waiver Provider Manual, Section 7.6, Provider Requirements, and
- That the professionals on staff or contracted professionals have, between them, completed a minimum of 3 assessments **that identify an individual's home modification or environmental needs, including recommendations to satisfy those needs**, and
- That as a provider, I have the knowledge and experience to assess waiver participants and their home environments to determine whether or not there is a need for environmental adaptations/modifications to the home, provide a written report and recommendations, develop specifications for needed environmental adaptations, and perform interim (as needed) and final inspections/approvals.
- I understand that violation of this oath shall constitute cause sufficient for the refusal or revocation of enrollment in Medicaid.

 Print Authorized Representative's Name Signature of Authorized Representative Date of Signature

THUS DONE AND PASSED BEFORE ME, Notary, in the City of _____, State
 of _____ on the _ day of _____, 20_____.

 Notary Public Signature

Notary Seal or Notary Identification Number (required)

Complete this form in its entirety. Original signature required – blue ink only