



PROVIDER TYPE SPECIFIC PACKET/CHECKLIST

(Louisiana Medicaid)

ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS (EAA) (Environmental Modifications)

ASSESSOR

(Enrollment packet is subject to change without notice.)

GENERAL INFORMATION REGARDING WAIVER ENROLLMENTS

- The effective date is the date of enrollment approval.
- Non-active billing will result to deactivation of the Medicaid provider number. To be reinstated, a provider must meet all enrollment requirements.
- An updated license must be obtained and submitted to Provider Enrollment for physical address changes.
- 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 the Provider Locator Tool. This enables public users to search for Medicaid and/or Home and Community-Based Service providers who accept Louisiana Medicaid.

NOTE Regarding, OAAS Community Choices Waiver EAA Providers:

1. A provider can enroll as **EITHER** an EAA Assessor **OR** an EAA Contractor but **NOT BOTH** for the 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.

GENERAL POLICY INFORMATION:

Waiver service providers are required to comply with both policy and program requirements located on the Louisiana Department of Health (LDH) Office of Aging and Adult Services (OAAS) website and the Louisiana Medicaid provider manuals linked below.

Louisiana Medicaid Provider Manuals located at:

<https://www.lamedicaid.com/Provweb1/Providermanuals/ProviderManuals.htm>

LDH/OAAS website:

<https://www.ldh.la.gov/OAAS>

Please note Louisiana Medicaid will not reimburse you for waiver services provided to participants who are not enrolled in one of the waiver programs.

Environmental Accessibility Adaptations (EAA) Assessor (OAAS Only)

REQUIRED DOCUMENTS FOR ENROLLMENT

The following checklist shows all required documents that **MUST** be submitted to enroll with Fee For Service (FFS) Louisiana Medicaid. Please make certain to complete each required form in its entirety to avoid processing delays.

NOTE: A provider can enroll as **EITHER** an EAA Assessor **OR** an EAA Contractor but **NOT BOTH** for the OAAS Community Choices Waiver (CCW).

*Form is included in the **Basic Enrollment Packet for Entities/Businesses**.

** Form is included in this packet.

Completed	Document Name
*	1. Entity/Business Louisiana Medicaid PE-50 Provider Enrollment Form.
*	2. PE-50 Addendum – Provider Agreement Form. (three pages)
*	3. Medicaid Direct Deposit (EFT) Authorization Agreement Form.
*	4. Louisiana Medicaid Ownership Disclosure Information Forms.
*	5. (If submitting claims electronically) 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).
	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).
	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).
	8. To report “ Specialty ” for this provider type on Section A of the PE-50, please use Code 80 (Environmental Accessibility Adaptations) .
	9. To report “ Sub-Specialty ” for this provider type on Section A of the PE-50 use Code 8Q (EAA Assessor) .
	10. As indicated in the Medicaid CCW Provider Manual, Section 7.6 – Provider requirements: A copy of the current Contractor’s license from the State Licensing Board for Contractors, for any of the following building trade classifications: General Contractor, Home Improvement, Residential Building, or Building Construction – AND -
	11. Copy of the current license for the clinician(s) or professional(s) (e.g. Physical Therapist, Occupational Therapist, Rehabilitation Engineer, Construction or other), on staff or under contract, who will be doing the assessment, inspection and/or approvals for the EAA modifications – AND -
	12. Copy of a Specialized Certificate in Home Modification (.e.g. Certified Aging in Place Specialist (CAPS), Executive Certificate in Home Modifications, Certified Environmental Access Consultant (CEAC) or other), issued to any of the above clinician(s) or professional(s) – AND -
	13. Copy of three (3) completed assessments that identify the home modification or environmental needs and the recommendations made to satisfy those needs, for individuals. (Redact or block out any identifying information for those individuals, .e.g. Name, address, etc.)
	14. Copy of the signed contract/agreement between the Contractor and the Clinician(s) and/or Professional(s).
**	15. Notarized “Provider Attestation for OAAS Community Choices Waiver Environmental Accessibility Adaption Services Assessor” form.

Original Signatures Required – Please Do NOT Use Black Ink

Please submit all required documentation
(Including the checklist and application) to:

OAAS Provider Relations
P.O. Box 2031 (Bin #14)
Baton Rouge, LA 70821-2031
225-439-7642

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 Information	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:	() Ext:	

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

- True and correct
- That I may not bill for the construction of Environmental Accessibility Adaptations (EAA)
- That all Environmental Accessibility Adaptation Assessor services provided to Community Choices Waiver participants must be prior authorized before services are rendered
- 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, or 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
- 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**
- 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, and
- 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
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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 Signatures Required – Please Do NOT Use Black Ink.