



PROVIDER TYPE SPECIFIC PACKET/CHECKLIST

(Louisiana Medicaid Program)

ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS (EAA)

(Environmental Modifications)

CONTRACTOR

(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 OCDD/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 for Citizens with Developmental Disabilities (OCDD) website, the 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/OCDD website:

https://www.ldh.la.gov/OCDD

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) CONTRACTOR 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: 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.

^{**} Form is included in this packet.

Completed	Document Name
*	Entity/Business Louisiana Medicaid PE-50 Provider Enrollment Form.
*	2. PE-50 Addendum – Provider Agreement Form (three pages).
*	Medicaid Direct Deposit (EFT) Authorization Agreement Form.
*	4. Louisiana Medicaid Ownership Disclosure Information Forms.
*	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).
	 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. Completed and notarized "Provider Attestation for OAAS Community Choices Waiver Environmental Accessibility Adaptation Services" Form.
	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): a. General Contractor b. Home Improvement c. Residential Building d. Building Construction
	(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. -or- (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."
	 To report "Specialty" for this provider type on Section A of the PE-50, please use Code (Environmental Accessibility Adaptations).

Original Signatures Required – Please Do NOT Use Black Ink

Please submit all required documentation to:
Gainwell Provider Enrollment Unit
PO Box 80159
Baton Rouge, LA 70898-0159
225-216-6370

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

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

PURPOSE

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

Provider Information	LA Medicaid Provid (leave blank if new)		National Provider Identifier (NPI)										
Provider Name:		I.			•	- II					•	•	•	•	1		•		
Physical Address:																			
Contact Person for questions regarding this form:																			
Contact Person Phone Number:)					E	xt:										
I hereby affirm under oath that all statements	I hav	e ma	ade c	on thi	s app	licatio	on and	the	e atta	chmer	its the	reto a	ıre:						
True and correct;																			
 That I may not bill for the performance of both environmental accessibility adaptations and assessments; 																			
 That all Environmental Accessibility Adaptation services provided to Community Choices Waiver participants must be prior authorized before services are rendered; 																			
 As a provider I have the knowledge and experience to perform environmental adaptations to the home; 																			
 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; 																			
 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; 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 F							Representative						Date of Signature					
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THUS DONE AND PASSED BEFORE ME, Notary, in the City of, State of, State of																			
on the day or, 20																			
				Nota	ary S	eal o	Nota	ry l	Identi	ficatio	n Nu	mber	(requi	red)					
Notary Public Signature																			

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