



# **PROVIDER TYPE SPECIFIC PACKET/CHECKLIST**

**(Louisiana Medicaid Program)**

## **Personal Care Services**

(Enrollment packet is subject to change without notice.)

# GENERAL INFORMATION REGARDING 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 completion of the Medicaid enrollment process, all providers will be added to a Freedom of Choice listing in a web-based program called Provider Locator Tool. This enables public users to search for providers who accept Louisiana Medicaid.
- Providers enrolled as type 24 (Personal Care Services) are allowed to provide services in accordance with applicable rules, regulations and policies under programs as specified below:
  - Long Term - Personal Care Services (LT-PCS) managed by LDH Office of Aging and Adult Services
  - Early and Periodic Screening, Diagnostic, and Treatment - Personal Care Services (EPSDT-PCS)

## 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>

# Personal Care Services

## 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.

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

Completed	Document Name
*	1. Entity/Business Louisiana Medicaid PE-50 Provider Enrollment Form.
*	2. PE-50 Addendum – Provider Agreement Forms (three pages).
*	3. Medicaid Direct Deposit (EFT) Authorization Agreement Form.
*	4. Louisiana Medicaid Ownership Disclosure Information Forms.
*	5. <b>(If submitting claims electronically)</b> 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).
	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> .
	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> .
	8. Copy of Home and Community Based Services license with Personal Care Attendant (PCA) module issued by Health Standards.
	9. To report “Specialty” for this provider type on Section A of the PE-50, please choose only <b>one</b> of the following codes: <ul style="list-style-type: none"> <li>- 5a (PCS-LTC) or</li> <li>- 5B (PCS-EPSDT) or</li> <li>- 5D (PCS-LTC/EPSDT)</li> </ul>

**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**