



# **PROVIDER TYPE SPECIFIC PACKET/CHECKLIST**

**(Louisiana Medicaid Program)**

## **Case Management/Support Coordination (OCDD Waiver & EPSDT)**

**(Enrollment packet is subject to change without notice.)**

**CASE MANAGEMENT/SUPPORT COORDINATION  
(PT- 45)  
(OCDD Waiver and EPSDT)**

**STOP**

**CAREFULLY READ THE NOTICE BELOW**

**To enroll** in Louisiana Medicaid (Fee-For-Service) as a Case Management/Support Coordination Agency, the following is required **PRIOR** to submitting the enrollment application to Provider Enrollment:

- For OCDD, complete the OCDD training and obtain the OCDD Performance Agreement by contacting Lavasha Gordon at [Lavasha.Gordon@la.gov](mailto:Lavasha.Gordon@la.gov). An approval letter will be submitted to Health Standards for licensing stating the initial requirement standards have been met.
- **OR** obtain the EPSDT Support Coordination training and obtain the EPSDT (Early and Periodic, Screening, Diagnostic and Treatment) Performance Agreement by contacting Tracy Barker at [Tracy.Barker2@la.gov](mailto:Tracy.Barker2@la.gov). An approval letter will be submitted to Health Standards for licensing.
- Obtain written approval from either Lavasha Gordon for OCDD or Tracy Barker for EPSDT, stating the requirement standards have been met.
- Obtain a Case Management license from Health Standards.

**ONLY AFTER COMPLETION OF THE ABOVE, MAY AN ENROLLMENT APPLICATION BE SUBMITTED TO PROVIDER ENROLLMENT TO OBTAIN A MEDICAID PROVIDER NUMBER.**

# Case Management/Support Coordination (OCDD Waiver & EPSDT)

## 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**.

\*\*Forms are included here.

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 Forms
*	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 the Case Management license issued by the Health Standard's section from the Louisiana Department of Health. The license must identify the following Modules on the license: <b>New Opportunities Waiver (NOW);</b> <b>Children's Choice (CC);</b> <b>Supports Waiver (SW);</b> <b>Residential Options Waiver; and</b> <b>Early Periodic Screening Diagnostic and Treatment (EPSDT)</b>
**	9. Notarized Louisiana's Medicaid Program Board Resolution Form.
	10. Submit the approval letter/memo from Lavasha Gordon (OCDD). <b>Or</b> Submit the approval letter/memo from Tracy Barker (EPSDT Services).
	11. On <b>Section A</b> of the PE-50 Form, in the ' <b>Specialty Code</b> ' space write in Code ' <b>81</b> ' (Case Management). There is no <b>Subspecialty code</b> , so leave this field <b>blank</b> .
	12. On <b>Section D</b> of the PE-50 Form, in the ' <b>Provider Type Description</b> ' space, write in ' <b>Case Management/SC</b> ' and in the ' <b>Provider Type Code</b> ' space, write in ' <b>45</b> '.

**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**

# Louisiana Medicaid Program Board Resolution Form

STATE OF LOUISIANA, PARISH OF \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

At a meeting of the Board of Directors of \_\_\_\_\_

Held in the City of \_\_\_\_\_ Parish of \_\_\_\_\_

A quorum of the Directors present, the following business was conducted:

It was duly moved and seconded that the following resolution be adopted:

BE IT RESOLVED that the Board of Directors of the above corporation hereby authorized:

\_\_\_\_\_  
(Name and Title)

and his/her successors in the office to negotiate on terms and conditions that he/she may deem advisable, a contract or contracts with the Louisiana Department of Health and Hospitals, and to execute said documents on behalf of the corporation, and further do we hereby give him/her the power and authority to do all things necessary to implement, maintain, amend or renew said documents.

The above resolution was passed by a majority of those present and voting in accordance with the bylaws and articles of incorporation.

I certify that the above and foregoing constitutes a true and correct copy of a part of the minutes of a meeting of the Board of Directors of \_\_\_\_\_

Held on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Secretary)

Subscribed and sworn before me, \_\_\_\_\_

a Notary Public for the Parish of \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**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**