



PROVIDER TYPE SPECIFIC PACKET/CHECKLIST

(Louisiana Medicaid Program)

Adult Day Health Care

(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

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: at

<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.

ADULT DAY HEALTH CARE

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 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. Copy of Adult Day Health Care license issued by Health Standards Section (HSS).
	9. To report "Specialty" for this provider type on Section A of the PE-50, please use Code 76 (Adult Day Care).

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