



# **PROVIDER TYPE SPECIFIC PACKET/CHECKLIST**

**(Louisiana Medicaid Program)**

## **Supported Employment**

**(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 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>

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

# Supported Employment

## 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 Form <b>(three pages)</b> .
*	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) <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 (W-9 forms are not accepted).
	8. Copy of HCBS license issued by Health Standards with Supported Employment Module listed. <b>-or-</b> Copy of a certificate from the Louisiana Rehabilitation Services verifying that this Business/Entity is a current Community Rehab Program provider with Louisiana Rehabilitation Services (LRS).
	9. To report <b>“Specialty”</b> for this provider type on <b>Section A of the PE-50, please use Code 98 (Supported Employment)</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**