



## Provider Enrollment Change Request for Community Choices Waiver Services for Provider Type 82 (Waiver Personal Care Attendant)

If your agency is currently enrolled as Medicaid provider type 82 (Waiver Personal Care Attendant) use this form to become a provider of Community Choices Waiver services as identified below.

Complete all applicable information as indicated below and return to:

**Gainwell Provider Enrollment Unit**  
**PO Box 80159**  
**Baton Rouge, LA 70898-0159**

<b>Provider Number:</b>	<b>LA Medicaid Provider #</b>	<b>National Provider Identifier (NPI)</b>
	<div></div>	<div></div>
<b>Provider Name:</b>		
<b>Physical Address:</b>		
<b>Contact Person for questions regarding this form:</b>		
<b>Contact Person Phone Number:</b>	(     )     -	

<b>Provider Sub-Specialty to add</b>	<b>Additional Required Documents</b>
<b>To provide Home-Based Caregiver Temporary Support select the following code:</b> <input type="checkbox"/> 8D (– Caregiver Temporary Support)	Not Applicable

\_\_\_\_\_  
Print Authorized Representative's Name

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date of Signature  
MM/DD/YYYY

**Complete this form in its entirety. Original signature required – blue ink only**