

# PROVIDER TYPE SPECIFIC PACKET/CHECKLIST

**(Louisiana Medicaid Program)**

## **Community Choices Waiver – Caregiver Temporary Support**

(Enrollment packet is subject to change without notice.)

# GENERAL INFORMATION FOR PROVIDER ENROLLMENT

- 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.
- Providers will automatically be added to the Freedom of Choice List upon completion of the enrollment process.
- An updated license must be obtained and submitted to Provider Enrollment for physical address changes.
- Providers enrolled as type AN (Community Choices Waiver – Caregiver Temporary Support) are allowed to provide Caregiver Temporary Support services to Community Choices Waiver participants as follows:
  - In-Home services by a Home Health agency
  - Center-Based services by an Adult Day Health Care Center
  - Center-Based, Overnight services by an Assisted Living Center
  - Center-Based, Overnight services by a Nursing Facility

## 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>

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

# Community Choices Waiver – Caregiver Temporary Support

## 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. <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. To report "Specialty" for this provider type on Section A of the PE-50, please use Code 8D (Community Choices Waiver – Caregiver Temporary Support).

### For Home Health Agencies:

	9. Copy of Home Health Agency license issued by Health Standards Section.
	10. To report "Sub-Specialty" for a Home Health Agency to provide Community Choices Waiver in-home Caregiver Temporary Support on Section A of the PE-50, please use Code 8F.

### -OR- For Adult Day Health Care Centers:

	11. Copy of Adult Day Health Care license issued by Health Standards Section.
	12. To report "Sub-Specialty" for an Adult Day Health Care center to provided Community Choices Waiver center-based Caregiver Temporary Support on Section A of the PE-50, please use Code 8H.

### -OR- For Assisted Living Centers:

	13. Copy of Adult Residential Care license issued by Health Standards Section.
	14. To report "Sub-Specialty" for an Assisted Living center to provide Community Choices Waiver center based, overnight Caregiver Temporary Support on Section A of the PE-50, please use Code 8G.

### -OR- For Nursing Facilities:

	15. Copy of Nursing Facility/ Home license issued by Health Standards Section.
	16. To report "Sub-Specialty" for a Nursing Facility to provide Community Choices Waiver center-based, overnight Caregiver Temporary Support on Section A of the PE-50, please use Code 8J.

**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**