LOUISIANA MEDICAID PROGRAM

ISSUED: REPLACED: 11/01/10 09/01/01

## CHAPTER 19: ELDERLY AND DISABLED ADULT WAIVER APPENDIX A – CONTACT INFORMATION

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## **CONTACT INFORMATION**

OFFICE NAME	TYPE OF ASSISTANCE	CONTACT INFORMATION
OAAS	Provides waiver assistance, clarification of waiver services, receives complaints regarding waiver services	Office of Aging and Adult Services P. O. Box 2031 Baton Rouge, LA 70821-2031 1-866-758-5035
DHH Bureau of Appeals	Office to contact to request an appeal hearing	Department of Health and Hospitals Bureau of Appeals P. O. Box 4183 Baton Rouge, LA 70821-4183 (225) 342-0443 Fax: (225) 342-8773
Health Standards Section	Office to contact when providers wish to request an informal hearing as the result of a monitoring corrective action report or file a complaint against a provider agency	Health Standards Section Attn: IDR Program Manager P.O. Box 3767 Baton Rouge, LA 70821 1-800-660-0488
Adult Protective Services	Office to contact to report suspected cases of abuse, neglect, exploitation or extortion of individuals age 18 through 59	1-800-898-4910 or (225) 342-9057
Elderly Protective Services	Office to contact to report suspected cases of abuse, neglect, exploitation or extortion of individuals age 60 or older	1-800-259-4990