

**Please Check One:**      New FOC Request      Update Existing FOC Information  
 Notification of Agency Closure or Service Termination:      Enter Effective Date:

**Please Print/Type ALL Information Requested:**

Current Information	Previous Information
<b>Provider Name:</b>	<b>Former Name:</b>
<b>Provider Address (Include City, State, Zip):</b>	<b>Former Address:</b>
<b>Provider Contact Name:</b>	<b>Former Provider Contact Name:</b>
<b>Provider Phone - Fax Number(s) (Include area code):</b> Phone:                                  Fax:	<b>Previous Provider Phone - Fax Number(s) (Include area code):</b> Phone:                                  Fax:
<b>Provider Toll-Free Phone Number:</b>	<b>Former Provider Toll Free Phone Number:</b>
<b>Provider E-Mail</b>	<b>Former Provider E-Mail</b>

**Please place/update/remove the above-named agency on/from the Freedom of Choice list for the provider type(s) checked below.**

03	Children's Choice (Children's Choice Waiver)		Region(s):
06	Professional Services [NOW] Check all applicable services:    Psychologist                  Social Worker                  Nutritional/Dietary		Region(s):
11	Shared Living (ROW)		Region(s):
13	Pre-Vocational		Region(s):
14	Day Habilitation		Region(s):
15	Environmental Modifications		Region(s):
16	Personal Emergency Response System (PERS)		Region(s):
17	Medical Equipment and Supplies (Assistive Devices)		Region(s):
31	Psychologist (ROW)		Region(s):
33	Monitored In Home Caregiving (NOW)		Region(s):
35	Monitored In Home Caregiving (ROW)		Region(s):
35	Physical Therapist                                  CC                  ROW                  Both CC and ROW		Region(s):
37	Occupational Therapist                                  CC                  ROW                  Both CC and ROW		Region(s):
39	Speech Therapist    CC                  ROW                  Both CC and ROW		Region(s):
41	Registered Dietician (ROW)		Region(s):
44	Skilled Nursing (NOW)		Region(s):
44 (4W)	Skilled Nursing (ROW)		Region(s):
73	Social Worker (ROW)		Region(s):
82	Personal Care Attendant (PCA):                  CC/NOW/SW                                  ROW		Region(s):
82 (4W)	If ROW selected above: Check one: Community Living Supports Companion Care Support Both CLS and CCS		Region(s):
83	Center-Based Respite		Region(s):
84	Substitute Family Care:                                  NOW    ROW		Region(s):
85	ROW Adult Day Health Care (ADHC)		Region(s):
89	Supervised Independent Living (SIL) – (NOW)		Region(s):
98	Supported Employment		Region(s):

<b>Provider's Signature and Title:</b>	<b>Date:</b>
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It is the **Provider's Responsibility** to notify the Louisiana Department of Health (LDH), Waiver Supports and Services, regarding any changes in the above noted information within ten (10) days of any changes. To keep from being removed from the FOC list, a provider's license and enrollment must be kept current. This notice will **NOT** notify DXC Provider Enrollment or Licensing regarding these changes.

**The following must be included with all submissions:**

Completed 1.) FOC Form, 2.) A **copy** of your current license, and 3. A copy of your current Medicaid Provider Enrollment Letter(s).

**Mail or Fax to:**

OCDD/Waiver Supports & Services  
 628 North 4<sup>th</sup> Street, 2<sup>nd</sup> Floor  
 Baton Rouge, LA 70802  
 Fax: (225) 342-8823