

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

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):	
03 (7T)	Art Therapy	Region(s):	
03 (7Z)	Hippotherapy	Region(s):	
03 (7V)	Music Therapy	Region(s):	
03 (7Y)	Horseback Riding	Region(s):	
03 (7R)	Aquatic Therapy	Region(s):	
06	Professional Services [NOW] Check all applicable services: Psychologist Social Worker Nutritional/Dietary	Region(s):	
11 (4A) (4G) (4H) (4J) (4L)	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 4 W (ROW) Both CC and ROW	Region(s):	
37	Occupational Therapist CC 4 W (ROW) Both CC and ROW	Region(s):	
39	Speech Therapist CC 4 W (ROW) Both CC and ROW	Region(s):	
41 (4W)	Registered Dietician (ROW)	Region(s):	
44	Skilled Nursing (NOW)	Region(s):	
44 (4W)	Skilled Nursing (ROW)	Region(s):	
73 (4W)	Social Worker (ROW)	Region(s):	
82	Personal Care Attendant (PCA)	Region(s):	
82 (4W)	PCA Attendant in ROW (Check one) Community Living Supports Companion Care Support Both CLS and CCS	Region(s):	
83	Center-Based Respite	Region(s):	
84 (4W)	Substitute Family Care: NOW ROW	Region(s):	
85 (4W)	ROW Adult Day Health Care (ADHC)	Region(s):	
89	Supervised Independent Living (SIL) – (NOW)	Region(s):	
98	Supported Employment	Region(s):	
Provider's Signature and Title:			Date:

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 FOC Form,
- A **copy** of your current license, and
- A copy of your current Medicaid Provider Enrollment Letter(s).

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