

## LOUISIANA'S MEDICAID PROGRAM / APPLICATION CENTER CONTRACTUAL AGREEMENT

<b>Section One: Identifying Information</b>					
AC-ID No.		Application Center Name			
Street Address			P.O. Box/Mailing Address		Parish
City	State	Zip Code	City	State	Zip Code
Contact Person			Federal Tax ID#		
Email address of Contact Person			Telephone Number (    )		FAX Number (    )
<b>Section Two: Type of Facility</b>					
<input type="checkbox"/> 01 Council on Aging		<input type="checkbox"/> 08 Mental Health Facility (Not group home)		<input type="checkbox"/> 16 FQHC (Federally Qualified Health Center)	
<input type="checkbox"/> 02 Pharmacy		<input type="checkbox"/> 09 Head Start		<input type="checkbox"/> 17 KidMed Clinic	
<input type="checkbox"/> 03 Adult Day Health Care		<input type="checkbox"/> 10 Group Home/Residential Care Facility		<input type="checkbox"/> 18 Native American Health Center/Tribe	
<input type="checkbox"/> 05 Community Action Center or Community Services Provider		<input type="checkbox"/> 11 Dental Clinic/Office		<input type="checkbox"/> 19 City/Parish Government Agency	
<input type="checkbox"/> 06 Hospital – Private		<input type="checkbox"/> 12 Home Health Care Agency		<input type="checkbox"/> 20 Office of Behavioral Health	
<input type="checkbox"/> 07 Medical or Physician ' s Clinic/Office		<input type="checkbox"/> 13 All OTHER Approved		<input type="checkbox"/> 21 Case Management or Waiver Service Provider	
		<input type="checkbox"/> 14 Religious Organization/Church		<input type="checkbox"/> 22 School Based Health Clinic	
		<input type="checkbox"/> 15 Other State Government Agency			
<b>Section Three: Control of Facility</b>					
<input type="checkbox"/> Public-Federal Agency		<input type="checkbox"/> Public-Parish Agency		<input type="checkbox"/> Non-Profit Corporation	
<input type="checkbox"/> Public-State Agency		<input type="checkbox"/> Public-City Agency		<input type="checkbox"/> Privately Owned	
		<input type="checkbox"/> Charitable or Religious Org.		<input type="checkbox"/> Partnership (Board Resolution Required)	
		<input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Corporation (Board Resolution Required)	
<b>Section Four: Types of Applicants to Be Served for Medicaid Applications</b> (Check all applicable boxes)					
<input type="checkbox"/> Walk-Ins by General Public		<input type="checkbox"/> Referrals from Hospitals		<input type="checkbox"/> Referrals from Community Centers or other Application Centers	
<input type="checkbox"/> Referrals from the Medicaid office		<input type="checkbox"/> Referrals from Doctors' Offices		<input type="checkbox"/> NONE-Will Interview only Own Patients/Applicants	
<b>Section Five: Notice</b>					
<p>The Department of Health &amp; Hospitals has assured compliance with the Department of Health &amp; Human Services regulations promulgated under Title VI of the Civil rights Act of 1964 and section 504 of the Rehabilitation Act of 1973, as amended, which require that: <b>No person in the U.S. shall, on the grounds of race, color, religion, sex, national origin, or handicap be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving Federal financial assistance.</b></p> <p>Under these requirements, payment cannot be made for care and services under federally assisted programs conducted by the Bureau of Health Services Financing unless such care and services are provided without discrimination on the grounds of race, color, religion, sex, national origin, or handicap. Written complaints of non-compliance should be made to the Secretary of the Department of Health and Hospitals, P.O. Box 91030, Baton Rouge, Louisiana 70821-9030, or the Secretary of DHHS, Washington, D.C., or both.</p>					
<b>Section Six: Printed Name and Signature</b>					
_____		_____		_____	
Printed or Typed Name of Administrator/CEO		Signature of Administrator/CEO		Date	
<b>Section Seven: DHH State Office / Designee Use Only</b>					
_____		_____		_____	
Signature of Medicaid of Louisiana Representative		Date		ACMO Substitute	
				Date	