



**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

TO: Medicaid Application Centers

FROM: Application Center Unit

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Enclosed is your contractual agreement along with a 15 minute Application Center Management Orientation (ACMO) CD with instructions on how to view it.

Prior to Application Center certification the Administrator/CEO or his designee is required to view the ACMO. After reviewing the orientation, please sign the enclosed confirmation sheet and return it along with the signed contractual agreement to me.

The Application Center Handbook can be viewed at this site:

<http://dhh.louisiana.gov/index.cfm/page/1274>

Please forward all questions or concerns to Shakeysha Johnson via email at [Shakeysha.Johnson@la.gov](mailto:Shakeysha.Johnson@la.gov).



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**Application Center Management Orientation (ACMO)  
Confirmation Form**

**Name:** \_\_\_\_\_  
(CEO/Administrator or designee) Please print

**Date:** \_\_\_\_\_

**Position/Title:** \_\_\_\_\_

**Name of Facility:** \_\_\_\_\_

**I attest that I have viewed the ACMO video.**

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**Participant Signature:**