New Application Center Evaluation

Application Center Name _____

Address _____

City/State and Zip code _____

AC Phone Number _____ Fax Number _____
AC E-mail Address: _____

Name of Person Interviewed: _____

Title of Person Interviewed: _____

Standards of Participation: In order to participate as an Application Center, the provider must meet one of the following definitions: (check only one)

☐ 1. An institutional provider of Medicaid services (i.e. hospitals).

☐ 2. A state program that provides health or social services to the local population (i.e. parish health units, mental health units).

☐ 3. A federal program that provides health or social services to the local population. Authorized under Section 329, 330 and 340 of the Public Health Services Act (FQHC)

☐ 4. A parish, state, or federally sponsored program providing services to the community that has designated business offices with established hours of operation; a full-time staff who works with the general public performing the normal duties of the program; and the endorsement and recommendation of the local government for certification training (i.e. Headstart).

☐ 5. A private program providing health or social services to an identifiable segment of the local community that has designated business offices with established hours of operation; a full-time staff who works with the general public in performing the duties of the program; and the endorsement and recommendation of local government for certification training (i.e. VOA, Catholic Community Services, etc.).

☐ 6. Home health agencies or other providers specifically approved by the Bureau of Health Services Financing.

Provider Entity Designation:

1. What will be the designated business office days of the week and hours for assisting with Applications? _____
2. Will you have full-time staff for taking Medicaid Applications? ☐ Yes ☐ No
   If yes, how many? _____
3. Have you ever been suspended or excluded from participating with the Application Center Program in the past? ☐ Yes ☐ No

If yes, please explain:

_____

_____

_____

Physical Plant:

1. Is the facility easy to locate? ☐ Yes ☐ No
2. Does reception area have adequate seating for applicants? ☐ Yes ☐ No
3. Does interview area provide for adequate privacy? ☐ Yes ☐ No
4. Does the facility meet current ADA requirements? ☐ Yes ☐ No
5. Does the facility have secured storage for documentation? ☐ Yes ☐ No

Comments:

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_____ _____

Medicaid Employee completing Evaluation Date of Evaluation