BOARD RESOLUTION FORM
BHSF FORM AC-2a

The *Board Resolution Form* is a companion form to the *Application Center Contractual Agreement*. Whereas, an *Application Center Contractual Agreement* must be completed by each Application Center, a board resolution is ***only*** required by the Louisiana Medicaid Program when it is required by the AC's Board of Directors.

NOTE: If a board resolution is not required, it is the Application Center's responsibility to notify DHH so that the processing of other matters pertaining to the AC will not be held up for this reason.

The *Board Resolution Form* is a sample or facsimile form. If a board resolution is required, this form may be used or your Application Center may use its own form or format, providing it contains at least the same basic provisions as the sample form appearing in the AC Handbook.

Completing the Form:

Parish: Enter the parish in which the Board of Directors meet to make the board resolution.

Day, Month, & Year: Enter the day, month, and year the Board of Directors meet to make the board resolution.

City: Enter the name of the city in which the board meeting takes place.

Name and Title: Enter the name and title of the administrative person whom the Board of Directors authorizes to execute the Medicaid contractual agreement with the Louisiana Department of Health & Hospitals, on behalf of the corporation, and to whom power of authority is given to do all the things necessary to implement, maintain, amend, or renew said documents for the Medicaid Application Center.

Certification: This section is to be completed by the Secretary of the Board of Directors. Enter in this section, the legal name of the entity which the Board of Directors represent; the address where the Board of Directors is domiciled; the day, month, and year the board resolution document is certified; and, the name of the Board Secretary.

Notary Section: This section is to be completed by a Notary Public.

Where to Send the Board Resolution: Return the completed ***(original)*** board resolution by mail to DHH:

DEPARTMENT OF HEALTH AND HOSPITALS
Application Center Coordinator
P.O. Box 91278
Baton Rouge, LA 70821-9278