Assurances
Request for Proposal for Day Rehabilitation and Day Support

As the duly authorized representative of the applicant, I certify that the applicant:

1. Possesses the legal authority to submit this proposal; that a resolution motion or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing the submission of this proposal, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the proposal and to provide such additional information as may be required.

2. Will comply with all regulations issued by Nebraska Department of Health and Human Services (DHHS), Region 3 Behavioral Health Services (Region 3), and other responsible state and federal agencies regarding the provision of funds and services under this project.

3. Agrees to comply with federal, state, and local laws and regulations as they relate to affirmative action, equal employment opportunities, sexual harassment, and chronic infectious diseases.

4. Will abide by the Federal Civil Rights Act of 1964, the Federal Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, and all other federal and state laws, regulations, rules or orders which prohibit discrimination because of race, color, religion, sex, national origin, ancestry, age, marital status, political affiliation, or physical or mental disability.

5. Agrees to operate a drug-free workplace.

6. Is an active member of one or more of the Regional Behavioral Health Provider Networks to assure a comprehensive system of care exists or if not a current member, agrees to become an active member of the Region 3 Provider Network. Participation in a Regional Behavioral Health Provider Network does not, in any way, preclude participation by the Applicant in any other service network.

7. Agrees to complete timely on-line registration of individuals served into the DHHS' Centralized Data System (CDS) and Electronic Billing System (EBS).

8. Agrees to participate in the state's behavioral health consumer survey (MHSIP).

9. Agrees to serve all individuals who meet eligibility criteria for the services.

10. Agrees to adhere to the accountability requirements of Region 3 and DHHS. The Applicant agrees to permit inspection of all clinical, programmatic, and fiscal records of services provided under Region 3's Network Provider Contract. The Applicant agrees to provide certified reports of income and expenses and to provide, at its own cost, an annual independent financial audit.

11. Agrees to adhere to the terms and conditions and agrees to sign a Region 3 Network Provider contract upon successful contract negotiations regarding service provision.

12. Agrees to abide by federal, state, and local laws, regulations, and policies regarding confidentiality.

13. Agrees to maintain current licenses, insurance coverage, etc., as outlined in the Region 3 Network Provider Contract and the Region 3 Network Provider Enrollment Minimum Standards.

14. Agrees to adhere to NE DHHS Title 206 NAC Behavioral Health Services and any updated or revised regulations regarding the provision of true, accurate, and complete information.

As an Applicant I agree to abide by all assurances as stated above:

_____
Signature of Authorized Representative for Organization

_____
Title

_____
Organization Name