NETWORK PROVIDER APPLICATION

A. ORGANIZATION IDENTIFICATION INFORMATION

Application Date:	
Organization Name:	
Organization Phone Number:	
Mailing Address:	
Federal Tax Identification:	**Taxonomy Number:**
NPI (National Plan & Provider Enumeration System) #:	
Medicaid #: The applicant must be enrolled as a Medicaid Provider if the service is eligible for Medicaid funding.	
Is the Applicant an (check one): ☐ Organization/Facility ☐ Group Practice ☐ Individual/Professional Practice	
Legal Status: ☐ For Profit ☐ Non-Profit ☐ Quasi-Governmental ☐ Public ☐ Other	
Name of Director/CEO:	
Phone Number:	**Email**:
Name of Financial Officer/CFO:	
Phone Number:	**Email:**
Name of Contact Person:	
Phone Number:	**Email:**
Identify foreign language(s) or sign language which the agency has capacity to speak fluently in treating clients: ☐ Sign Language (SL) ☐ Spanish (SP) ☐ Other (specify)	
Identify racial/ethnic/cultural populations the agency has special competency to serve (please list):	
The Organization/Applicant services are available in the following Region 3 Counties: ☐ Adams ☐ Blaine ☐ Buffalo ☐ Clay ☐ Custer ☐ Franklin ☐ Furnas ☐ Garfield ☐ Greeley ☐ Hall ☐ Hamilton ☐ Harlan ☐ Howard ☐ Kearney ☐ Loup ☐ Merrick ☐ Nuckolls ☐ Phelps ☐ Sherman ☐ Valley ☐ Webster ☐ Wheeler	

B. NATIONAL ACCREDITATION

Type of National Accreditation:
☐ The Commission on Accreditation of Rehabilitation Facilities (CARF)
☐ Council on Accreditation (COA)
☐ Joint Commission
Date of last accreditation:
Date when accreditation expires:

Attach the most recent:
☐ official accreditation report; and
☐ official award of accreditation; and
☐ plan of correction submitted in response to the site visit

C. ORGANIZATION PHILOSOPHY

Does this organization commit to the opportunity for consumer choice?
☐ Yes ☐ No

Does this agency screen for trauma?
☐ Yes ☐ No

Provide your organization's Mission Statement:

D. LICENSES /INSPECTION

State/Facility licenses, fire inspections, and food permits, as required (attach additional sheet if necessary):

Document Attached	Licensing/Certifying/ Inspection Body	Document Number / Identifier	Date Issued	Expiration Date
☐				
☐				

Professional licenses, as required (attach additional sheet if necessary)

Staff Name	Position	License Discipline	License Number	NPI#	Date Issued

E. ATTACH REQUIRED POLICY AND PROCEDURES

Check box to verify policy/procedure is in place and attached to this application

	Accessibility Policy
	Americans with Disabilities Act Policy
	Background Checks Policy which clearly indicates provider agrees that its staff having any direct contact with consumers of any age will have initial background checks to include a check of the following registries: Sex Offender Registry Nebraska Child Abuse and Neglect Registry Criminal Records Check by NE State Patrol Nebraska Adult Abuse and Neglect Registry Department of Motor Vehicles (as applicable) Out-of-State background checks on newly hired employees, interns, volunteers who have resided in NE less than 2 years
	Chronic Infectious Diseases Policy
	Complaints, Grievances and Appeals Policy and Procedures
	Conflict of Interest Policy
	Confidentiality of Consumer Records Policy
	Continuing Education/Training for Employees
	Continuity of Operations Plan (COOP)
	Corporate Compliance Plan
	Critical Incident Policy
	Cultural Diversity/Competence Training
	Disaster Plan that includes protecting the life and safety of participants (Could be COOP)
	Drug-Free Workplace Policy/Training
	Education/Training Policy re: continuing education/training for employees
	EOE / Affirmative Action Policy
	Ethics Policy
	Informed Consent for Treatment Policy
	License Revocation and/or Suspension Policy- annual verification processes in place regarding all applicable employee's required license(s) to ensure such license(s) has not been revoked and/or suspended.
	Quality Assurance/Performance Improvement Plan
	Record Management/Retention Policy
	Sexual Harassment Policy
	Tobacco/Smoking Policy - Pro-Children Act of 1994 (Act) which clearly indicates compliance with the requirements of P.L. 103-327 will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. Which includes the following language “Any youth who have not attained the age of eighteen (18) years shall be prohibited from using tobacco products on agency premises or at agency functions.”
	Trauma Education Policy - All new staff shall receive at least one hour of trauma education as part of orientation.
	Voter Registration Policy- related to bill LB76 passed in 1984

F. PRIMARY SOURCE VERIFICATION

Does the agency conduct primary source verification on professional licenses?
☐ Yes ☐ No
Does the agency conduct criminal history checks with law enforcement officials in any states in which persons considered for employment, clinical consultants, or volunteers have previously resided to see if there is any criminal record involving crimes against children?
☐ Yes ☐ No
Does the agency conduct Adult Protective Services registry checks on clinical consultants, volunteers, and persons considered for employment?
☐ Yes ☐ No
Does the agency conduct Child Protective Services registry checks on volunteers, clinical consultants and persons considered for employment?
☐ Yes ☐ No

G. LEGAL ACTIONS / PENALTIES / SUSPENSIONS

Has the agency had professional liability insurance refused, revoked, declined, or accepted on special terms?
☐ Yes ☐ No
If yes, please explain:
Has the program been assessed a penalty, conviction, or suspension or is the facility currently under investigation by the Medicare or Medicaid programs?
☐ Yes ☐ No
If yes, please explain:

H. ATTACH ORGANIZATIONAL CHART

I. LIST OF BOARD OF DIRECTORS

J. ATTACH COMPLETED W9

K. ATTACH CPA AUDIT OR AUDITED BALANCE SHEET

By signing this application, the undersigned certifies that the information is true, accurate and complete.

Signature of Agency Director / CEO   Date