NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Division of Medicaid and Long-Term Care

Nebraska Service Provider Addendum

Provider Addendum

Medicaid & Long-Term Care Use Only	
Medicaid ID #	
N-Focus ID #	

Provider Identification

Provider Name	Date of Birth	Social Security Number	FTIN

General Provider Requirements

By signing this addendum, the service provider agrees to the following:

1. Keep current any state or local license/certification required for service provision.
2. Not provide services if s/he is the legally responsible relative (i.e., spouse of client or parent of minor child who is a client).
3. Not engage in or have an ongoing history of criminal activity that may be harmful or may endanger individuals for whom s/he provides services. This may include a substantiated listing as a perpetrator on the child and/or adult central registries of abuse and neglect, and/or the sex offender registries and the U.S. Department of Health & Human Services Office of Inspector General's List of Excluded Individuals/Entities.
4. Allow Central Registry checks on himself/herself, family member if appropriate, or if an agency, agree to allow the Department staff to review agency policies regarding hiring and reporting to ensure that appropriate procedures regarding abuse, neglect, and law violations are in place.
5. Have the knowledge, experience, and/or skills necessary to perform the task(s).
6. Assure that the rate negotiated or charged does not exceed the amount charged to private payers.
7. Submit billing after services are provided, and no later than 6 months from service date for all programs.
8. Bill only for services which are authorized and actually provided.
9. Respect every client's right to confidentiality and safeguard confidential information.
10. I am not currently employed with the State of Nebraska, and I understand that as a provider of this service I am ineligible for state employment, due to potential overtime liability.
11. I will not accept employment with the State of Nebraska unless I have first ended this provider agreement.

Service Provision

Service Code	Service	Maximum Rate	Frequency

The party requesting a change in the above terms must notify the other party at least thirty (30) days before the date the proposed change is to be implemented, except for rate changes due to minimum wage changes, rates regulated by governmental agencies, or other changes required by law.

Attach documentation of basic or specialized status of Medicaid Personal Assistance Service Provider.

Comments

Signatures and Dates

I certify that I have read and understand the standards as stated and referenced above and agree to comply with all the terms of this Addendum.

Provider/Agency Representative Signature _____ Date _____

Signature of Authorized Representative - Nebraska Department of Health and Human Services _____ Date _____