

Provider Name:
 Provider Contact:
 Date:

Phone Number:

Email:

**NH CARE Program Provider Agreement
 Cover Sheet Checklist**

Item	Description	Status
Provider Agreement	Signing authority complete, sign and date provider agreement page 1-10.	
Select all that apply - attach service(s) category to the agreement binder.		
Appendix A	Oral Health Care Services to provide necessary dental Treatment.	
Appendix B	Mental Health and Substance Use Disorder Care Services.	
Appendix C	Outpatient/Ambulatory Health Services and Tuberculosis Financial Assistance (TBFA) Medication Treatment Services in accordance with the TBFA Program.	
Appendix D	Home and Community-Based Health Services.	
Appendix E	Home Health Care Services.	
Complete and attach the following to the agreement binder:		
Exhibit A	DHHS Information Security Requirements - Contractor Initials & Date pages 1-9	
Exhibit B	CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS - Contractor Initials & Date pages 1-2, Date, signing authority Signature (Name), print Name and title page 2.	
Exhibit C	CERTIFICATION REGARDING LOBBYING - Date, signing authority Signature (Name), print Name and title, Vendor Initials, Date Page 1-1.	
Exhibit D	CERTIFICATION REGARDING DEBARMENT. SUSPENSION AND OTHER RESPONSIBILITY MATTERS - Contractor Initials & Date pages 1-2, Date, signing authority Signature (Name), print Name and title page 2	
Exhibit E	CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO FEDERAL NONDISCRIMINATION. EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND WHISTLEBLOWER PROTECTIONS - Contractor Initials & Date pages 1-2, Date, signing authority Signature (Name), print Name and title page 2.	
Exhibit F	CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE - Contractor Initials & Date pages 1-1, Date, signing authority Signature (Name), print Name and title page 1-1.	
Exhibit G	CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE	
Resumes	Medical Director CV/Resume' or Key Medical staff providing services	
License/Certifications	Copies of current medical licenses, credentials and/or certifications.	
Certificate of Good Standing	Provide proof of a Certificate of Good Standing from NH (as issued by the NH Secretary of State (click here for more information)).	
Insurance Liability Certification/ACORD	Copy of commercial general liability insurance as delineated in Provider Agreement, page 8. Section 12. Insurance.	
Workers' Compensation	Proof of Workers' Compensation as delineated in the Provider Agreement, page 8, section 13. Workers' Compensation.	
Contact List (if applicable)	A comprehensive list of key contacts and locations, Agency with one more subsidiary, a provider with ancillary service agreements, or parent corporation with one or more subsidiaries.	