**Region 6 Behavioral Healthcare**

Minimum Standards for Enrollment in Provider Network

All agencies submitting requests for proposals that are not members of the Region 6 Behavioral Healthcare provider network must agree to meet the following minimum standards. As the duly authorized representative of the applicant, I certify that the applicant:

● Will adhere to all the terms and conditions outlined in the Region 6 Healthcare Contract Template.

● Will abide by the Nebraska Department of Health and Human Behavioral Health Services Title 206 Regulations. [www.dhhs.ne.gov/behavioral\_health](http://www.dhhs.ne.gov/behavioral_health)

● Will complete the Provider Enrollment Form and provide all necessary documentation requested in the Provider Enrollment Form.

● Will agree to follow establishment policy and procedures for Region 6 Behavioral Healthcare Provider Network.

● Will follow the Division of Behavioral Health’s (DBH) Central Data System (CDS) data entry requirements for authorization, registration, admission, discharge and any other requirements as determined by DBH.

● Will follow DBH’s Electronic Billing System (EBS) requirements for reimbursement requests.

● Agrees to evaluate consumers for financial eligibility using the DBH’s financial eligibility worksheet and Region 6 Behavioral Healthcare’s financial eligibility fee schedule(s).

● Agrees to supply required data for Region 6 Behavioral Healthcare outcomes and adhere to reporting timeframes.

● Agrees that no person shall be denied access to mental health or substance use treatment solely on the basis of participation in medication assisted treatment for a substance use disorder.

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 Signature of Authorized Representative for Agency Date

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 Title Agency Name