



**CREDENTIALING ATTESTATION
CEDAR FAMILY CENTER
Effective October 1, 2018**

Facilities requesting network participating as a Cedar Family Center provider must provide the following information and attach applicable documentation and submit to Neighborhood Health Plan of Rhode Island (Neighborhood) for review. Provider must attest to meeting practice standards outlined on the State of Rhode Island’s Executive Office of Health and Human Services Practice Standards for Cedar Family Centers issued January 1, 2016. The Practice Standards for Cedar Family Centers can be found by assessing <http://www.nhpri.org/Providers/BecomeaNetowrkProvider.aspx>. This form must be completed and signed by an authorized individual. Providers must re-attest to meeting the Service Practice Standards every 3 years thereafter for recredentialing to continue as a network provider. Neighborhood retains the right to conduct a quality onsite assessment prior to approving the facility for services, for recredentialing or in response to a complaint received from a member pertaining to quality of the environment or service.

Note: A copy of provider certification and liability coverage must be included with the signed attestation.

Provider:	
Address:	
Phone:	Fax:
Facility NPI:	Facility Contact (Name):

	AFFIRMATION BY FACILITY (please initial)
Provider complies with State of Rhode Island EOHHS Practice Standards	
Family care plan is reviewed and signed by an independently licensed clinician	
Criminal background check is conducted for all personnel employed by the provider	
Provider conducts ongoing screening and monitoring to ensure all personnel employed and vendors the provider contracts with are not excluded from Medicare /and/or Medicaid program	
Any entity or agency providing service in collaboration with the provider must be a Neighborhood provider (credentialed/contracted)	

Authorized Individual / Title (**Print name**)

Date

Authorized Individual / Title (**Signature**)

Date