

ADDENDUM B

HOME & COMMUNITY BASED SERVICES WAIVER FOR THE ELDERLY & DISABLED	NEMCSA USE ONLY
MINIMUM STANDARDS ASSURANCE	Begin Date: 10/01/2020 End Date: 09/30/2022

Any service purchased by NEMCSA must be in compliance with the Department of Health and Human Services and NEMCSA service definitions, unit definition, and minimum standards of operation.

As a Provider Agency for NEMCSA, _____

HEREBY ASSURES the persons involved in implementing the Subcontractor Agreement have read the minimum standards for each of the services for which service may be purchased by NEMCSA from the Provider Agency.

FURTHERMORE, the Provider Agency assures that it is completely in compliance with all standards for the following services and will maintain compliance with these standards throughout the term of this Agreement. (List all services for which the Provider Agency is proposing to make available for purchase by NEMCSA).

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

FURTHERMORE, the Provider Agency assures that it possesses insurance coverage as required by the Department of Health and Human Services in the Service Standards/Definitions, that **NEMCSA is listed as an additional insured under such insurance coverage, and that a Certificate indicating that NEMCSA is an additional insured under such insurance coverage is included as an appendix to this agreement. The Provider Agency understands that service purchasing cannot begin until such time as NEMCSA has in its possession such a Certificate of Insurance.**

This assurance is given in consideration of and for the purpose of obtaining Federal or State funds through a purchase of service arrangement with NEMCSA. The Provider agency recognizes and agrees that any approved financial assistance will be extended based on agreements made in this assurance and that NEMCSA shall have the right to seek enforcement of this assurance.

This assurance is binding on the Provider Agency, its successors, transferees, and assignees.

SIGNATURES

Signature of NEMCSA Representative

Signature of Provider Agency Representative

NEMCSA-AAA Director

Title

Title

Date

Date