

FY23 Signal Attestation

Directions: Please **BOLD** Yes or No to the following statements. If you answer Yes to any of the statements, please provide a detailed description of the event and agency's response in the box below the statement.

Yes No Has the agency's insurance ever been denied or canceled in the last 3 years? If such incident occurred, documentation must be provided stating the reason(s) for any such denial or cancellation and outcome.

Yes No All current clinical staff have been reviewed in the DORA database for any disciplinary actions and active licensure, where applicable? Provide a description of the agency's response to any disciplinary actions discovered.

Yes No Has there been any investigation by any regulatory agency that resulted in any type of corrective action or change in status during the 3 years prior to submission of the credentialing packet?

Yes No Has there been any Federal program debarment by agency or any employee within the last 3 years?

Yes No Does your facility offer Spanish speaking treatment services? If so, please indicate what services are provided and what method is being used to delivery these services, (i.e., Spanish speaking counselor, video remote interpreter, etc.)

For **bed-based services only**, please document below, your program's maximum bed capacity

By signing below, I certify that the responses above are true and correct to the best of my knowledge.

Agency:

Date:

Agency Representative (Printed Name):

Signature: