Dear CONTRACTOR,

Thank you for being an approved contractor or vendor with the Assistive Technology Partnership (ATP).  Every year we are required to complete background checks per Nebraska Department of Health and Human Services Medicaid Waiver Program guidelines.  This is to ensure the safety of the people that we serve.

All owners with 5% or more ownership, and all employees that will be entering a client’s home will be receiving an email shortly from the Nebraska APS/CPS system ([dhhs.cfscr@nebraska.gov](mailto:dhhs.cfscr@nebraska.gov)). They will need to follow the instructions in the email to complete the background check through adult and child protective services. The email link is only valid for 30 days.

All new employees need to fill out the Provider Release of Information Felony/Misdemeanor Statement MC 199 (attached), if they have not already done so. Employee checks can be waived if your company conducts routine background checks on your employees and provides us a letter on company letterhead or a copy of this company policy.

As a reminder, any time there is a change in address, tax filing, or banking information please let us know.

If you have any questions while completing this packet, please contact me by calling ###.###.#### or emailing me at [firstname.lastname@nebraska.gov](mailto:firstname.lastname@nebraska.gov) or ATP STAFF NAME at ###.###.####/ [firstname.lastname@nebraska.gov](mailto:lisa.oberg@nebraska.gov).

Thank you in advance for your cooperation in this matter. We look forward to our continued partnership.