

Provider information

Provider Name	Doing Business As
<input type="text"/>	<input type="text"/>

FTIN	Medical Provider #	NPI
<input type="text"/>	<input type="text"/>	<input type="text"/>

- Freestanding Trust Fund Attached to Nursing Facility

Assisted Living Standards

I CERTIFY THAT MY FACILITY WILL-

- Be licensed assisted living facility and certified as an assisted living service waiver provider as defined in Title 480 NAC, Chapter 5.
- Provide a private apartment with bath consisting of a toilet and sink, for each waiver client. Semi-private rooms shall be considered on an individual basis and require prior approval of DHHS.
- Supply normal, daily personal hygiene items including at a minimum, soap, shampoo, toilet paper, facial issue, laundry soap, and dental hygiene products
- Provide essential furniture: at minimum, a bed, dresser, nightstand or table, and chair (if needed).
- Provide a tub or shower in the waiver client's private room if my facility received funding through the Nebraska Health Infrastructure Fund Act.
- Provide a separate location (e.g., wing or section of the building).
- Provide separate dining and common areas.

Service Components Standards

I CERTIFY that I/my staff will make available and provide each of the following services components as identified in the client specific Plan of Services and Supports and as agreed upon in the Resident Service Agreement/Facility Service Plan-

- Adult Day Care/Socialization Activities:** All activities must be provided in accordance with 175 NAC 4-006.08, regulations governing the licensure of assisted living facilities. These activities should encourage family and community involvement to assist the client to maintain the highest possible level of independence.
- Escort Services:** Accompanying or personally assisting a resident who is unable to travel or wait alone. Escort needs are identified during resident assessment and should support the outcomes agreed upon in the Plan of Services and Supports.
- Essential Shopping:** Obtaining clothing and personal care items for the client, when the client is unable to do so for him/herself. This does not include financing the purchase of clothing and personal care items.
- Health Maintenance Activities:** All health maintenance activities must be provided in accordance with 172 NAC Chapter 99, regulations governing the provision of nursing
- Housekeeping Activities:** Cleaning of public areas as well as the client's private residence, such as dusting, vacuuming, cleaning floors, cleaning of the bathroom; making and changing of the bed; changing bed linens as soiled but at least weekly; clean bath linens available daily.
- Laundry Services:** Washing, drying, folding and returning client's clothing to his/her room. Dry cleaning costs are the responsibility of the client but the facility must assist the client in arranging for this service if needed.
- Dining Service:** Three meals must be provided per day, seven days per week to meet individual needs. Snacks must be offered seven days per week and provided upon request between meals. Clients must be allowed second helpings of foods, if desired, and within dietary restrictions.
- Provisions of Medication:** Regulations governing licensure of assisted living states at 175 NAC 4-006.09A that assisted living facilities must provide medications in accordance with regulations governing the provision of nursing care and the regulations governing medication provision by unlicensed personnel (172 NAC Chapters 99 and 95)
- Personal Care Services:** Assistance with daily activities as defined in this program must be provided in accordance with 175 NAC 4-006.ii, regulations governing licensure of assisted living facilities.

- Transportation Services: Transporting or making arrangements for transporting a client to and from community resources, identified during client assessment and included in the plan of services and supports as directly contributing to the ability of the individual to remain in an assisted living facility. Requests for medical transportation for round trips in excess of fifty miles and round trips in excess of five per month may be approved for additional reimbursement.

Record keeping

I certify that:

- Records will be maintained for six years as required in HIPAA Privacy Rule Standard §164.530(j).
- A file will be maintained on each client including:
 - The Resident Services Agreement (which includes a Facility Service Plan)
 - The current waiver Plan of Services and Supports; and
 - Phone number of client's choice of physician, and emergency contact person.
 - Client agreement to a multiple occupancy living arrangement, if appropriate.
 - Documentation supports requests for payment under the A&D Waiver
 - Requests for medical transportation for round trips in excess of fifty miles and round trips in excess of five per month may be approved for additional reimbursement

Comments

Signatures and Date

Discharge: I reserve the right to discharge any client whose care needs change for more than a temporary time period to a level beyond the service capability of this facility. In any instance where a client must be discharged from the facility, I agree to work with the Services Coordinator for up to 30 days to allow time for alternative services arrangements to be made, except for emergency circumstances.

I have read and understand the above standards as explained by the service area representative. I certify that I and my employees will meet all the above standards while providing Waiver Assisted Living Service. I agree to have all employees complete and sign an annual Self-Disclosure Felony/Misdemeanor Statement.

Provider/Agency Representative Signature

Date

I have explained the above standards to this provider and she/he or the agency meet all the standards to provide assisted living services.

Signature of Authorized Representative - Nebraska Department of Health and Human Services

Date