

Provider Identification

Provider Name	Social Security Number	FTIN Number

Provider Requirements

I CERTIFY -

- At least one full-time trained staff person who is at least 19 years old will be present at all times
- A ratio of direct care staff members to clients will be maintained which is sufficient to ensure that clients needs are met
- Written job descriptions and qualifications are available for each professional, direct care, and non-direct care position
- A licensed nurse is on staff, or contracted with, to provide the health assessment/nursing services and supervision of ADL/personal care and ADL training
- Counseling will only be provided by a certified social worker, a certified master social worker, or a certified professional counselor or a licensed mental health professional

Provider Skills and Knowledge

I CERTIFY THAT DIRECT CARE STAFF -

- Have training or have one or more years experience in working with adults in a health care/social service setting
- Have knowledge of CPR and first aid
- Are able to recognize distress or signs of illness in clients
- Have knowledge of available medical resources
- Have access to information on each client's address, telephone number, and means of transportation
- Know reasonable safety precautions to exercise when dealing with clients and their property

Facility Standards According to the Health Care Facility Licensure Act, Neb. Rev. Stat. §§ 71-401 to 71-462

I CERTIFY THAT THE FACILITY IS CURRENTLY LICENSED TO PROVIDE ADULT DAY SERVICES IN NEBRASKA AND -

- Meets all applicable federal, state and local fire, health and other standards prescribed in law or regulations
- Is architecturally designed to accommodate the needs of the clients being served
- Has adequate equipment and furniture for use by clients
- Has toilets in working order that are easily accessible from all program areas
- Has a telephone available for client use
- Has sufficient space to accommodate the full range of activities including:
- Flexibility for large and small group and individual activities and services
- Storage space for program and operating supplies
- A rest area, adequate space for special therapies, and designated areas to permit privacy and isolate clients who become ill
- Adequate table and seating space for dining
- Space for outdoor activities which is accessible to clients
- Adequate space for outer garments and private possessions of the clients
- Maintains food preparation area(s) in compliance with Health and Human Services regulations
- Has at least two well-identified exits
- Has non-slip surfaces or carpet on stairs, ramps, and interior floors
- Is free of hazards (e.g., exposed electrical cords, improper storage of combustible material)
- Has all stairs, ramps, and barrier-free bathrooms equipped with usable handrails
- Has a written plan for emergency care and transportation documented in each client's file

Program Standards

I CERTIFY that the following service components will be made available to meet the needs identified in the client's Plan of Services and Support -

- Activities of daily living / personal care
- Activities of daily living training
- Health assessment / nursing services
- Meal services
- Recreational therapy
- Counseling
- Other activities: A balance of activities to meet each client's needs and interests

Record Keeping

I CERTIFY that a file will maintained on each client and available to Adult Day Health Services staff, which includes -

- Adult Day Health Care Plan
- Phone numbers of persons to contact in case of emergency

Comments

Signatures and Date

I have read and understand the above service standards as explained by the DHHS representative. I certify that I will meet the above standards while providing adult day services(s). If I represent an agency, I certify that agency employees will meet these standards while providing adult day service(s).

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 adult day services.

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

Date

