Department of Health & Human Services
DHHS
NEBRASKA

Division of Medicaid and Long-Term Care

Nebraska Service Provider Agreement
Respite Provider Addendum

Provider Identification

Name | Date of Birth

Social Security Number | FTIN

Provider Standards

I certify that I/my agency-

- ☐ Meet all the general provider requirements in 473 and 480 NAC, as explained to me by the DHHS Representative
- ☐ Meet the respite provider age requirements in 473 and 480 NAC to provide respite care;
- ☐ Have never been convicted of a crime. If this is not a true statement, please explain:
- ☐ Will never leave the client alone
- ☐ Will observe and report all changes to the caregiver and to the case manager/services coordinator
- ☐ Will prepare and serve any appropriate meals and/or snacks to comply with the client's dietary needs, as explained to me by the caregiver
- ☐ Am free of communicable disease, have the physical capability to provide service, and am willing to provide a physician's verification statement, if requested by the DHHS Representative

Out-of-Home Standards

I/my agency certify that the home/facility in which respite care will be provided meets the following criteria:

- ☐ The home/facility does not include household members/staff about whom a report of adult abuse/neglect has been substantiated. If this is not a true statement, please explain:
- ☐ Ensure the facility or home is equipped to provide comfortable temperature and ventilation conditions
- ☐ Tornado safety and fire evacuation plans have been developed
- ☐ An operable telephone is available
- ☐ Emergency phone numbers are posted by the telephone
- ☐ The home/facility is accessible to the client, clean, in good repair, free from hazards, and free of rodents and insects
- ☐ The toilet facilities are clean and in working order
- ☐ The cooking and eating areas and equipment are clean and in good repair
- ☐ The home /facility is free from fire hazards such as exposed wiring, storage of combustibles near the furnace or water heater, and blocked exits.
- ☐ The furnace and water heater and any firearms, medications, and poisons are inaccessible to the client
- ☐ Any household pets have all necessary vaccinations

Agency Provider Standards

Each agency provider shall

- ☐ Employ respite care staff based upon their qualifications, experience and demonstrated abilities
- ☐ Provide training to ensure that respite staff are qualified to provide the necessary level of care. Agree to make training plans available to the DHHS representative; and
- ☐ Ensure adequate availability and quality of service

Comments

Signatures and Date

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

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

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