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| Provider Name            | FTIN/SSN Number |
| DBA Name                 |                 |
| Agreement Effective Date |                 |
| License #                |                 |

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### Service Standards

#### Personal Emergency Response Systems (PERS)

I certify that I or representatives of my agency will:

1. Instruct the individual about how to use the PERS device.
2. Obtain the individual or authorized representative's signature verifying receipt of the PERS unit.
3. Ensure that response to device signals (where appropriate to the device) will be provided 24 hours per day, seven days per week.
4. Furnish a replacement PERS unit to the individual within 24 hours of notification of malfunction of the original unit while it is being repaired.
5. Update list of responder and contact names at a minimum semi-annually to ensure accurate and correct information.
6. Ensure monthly testing of the PERS unit.
7. Furnish ongoing assistance when needed to evaluate and adjust the PERS device or to instruct the individual in the use of PERS devices, as well as to provide for system performance checks.

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#### Respite

If an agency provider, I certify that representatives of my agency will:

1. Employ respite staff based upon their qualifications experience, and demonstrated abilities
2. Provide training to ensure that respite staff are qualified to provide the necessary level of care and agree to make training plans available to DDD, if requested.
3. If Respite is provided outside of the family home, the family has visited the facility or home in which the service is to be provided and agreed to the provision of services in that location. I or representatives of my agency certify that:
  - a. The home/facility is architecturally designed to accommodate the needs of the individual being served.
  - b. An operable telephone and emergency phone numbers are available.
  - c. The home/facility is accessible to the individual, clean, in good repair, free from hazards, and free of rodents and insects.
  - d. The home/facility is equipped to provide comfortable temperature and ventilation conditions.
  - e. The toilet facilities are clean and in working order.
  - f. The eating areas and equipment are clean and in good repair.
  - g. The home/facility is free from fire hazards.
  - h. The furnace and water heater are located safely.
  - i. Firearms are in a locked unit.
  - j. Medications, harmful chemical, and poisons are inaccessible.
  - k. Household pets have all necessary vaccinations

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**Home Modifications**

I or representatives of my agency certify that:

1. All services shall be provided in accordance with applicable local and state building codes, OSHA regulations, and Nebraska Department of Labor regulations.
2. All modifications will be made or overseen by appropriately licensed and/or certified persons, OR persons skilled in the respective trades in a manner consistent with the standards of the respective trades, governing codes, and generally accepted construction practices.
3. All products and materials installed shall conform to specifications. No "blemished," "seconds," or reused building materials shall be used unless otherwise noted in the quote and approved before installation.
4. Responsibility shall be accepted for repair of all surfaces including furniture, walls, floor covering, doors, woodwork and trim, exterior pavement and yards, equipment, and fixtures affected during the course of construction, to original or better condition.
5. All work, materials, and products shall be warranted for a minimum of one year.
6. Any and all subcontractor's work will conform to the terms and conditions of this contract and sole responsibility accepted.

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**Vehicle Modifications**

I certify that:

1. The vehicle shall be in good operating condition.
2. All modifications shall be performed in accordance with applicable standards of manufacturing, design, and installation.

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**Habilitative Child Care**

I certify that if services are not provided in the family home, the site in which I provide these services will be approved, registered, and/or licensed by the Department of Health and Human Services and meet the standards as specified in Nebraska Administrative Code Title 474.

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**Certifying**

I certify that I have read and understand the applicable standards as stated and reference above and agree to comply with all the terms of this Agreement.

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Signature of Provider Representative

Printed Name

Date

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Signature of Authorized Representative

Printed Name

Date

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Nebraska Department of Health and Human Services

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