

TITLE 404 COMMUNITY-BASED SERVICES FOR INDIVIDUALS WITH  
DEVELOPMENTAL DISABILITIES

CHAPTER 4 CORE REQUIREMENTS FOR SPECIALIZED PROVIDERS OF SERVICES

4-001 SCOPE: This chapter governs the certification of specialized providers of services for individuals with developmental disabilities and establishes core requirements. A specialized provider is an agency, organization, association, or other entity which provides specialized services and is certified by the Department.

A specialized provider who was certified before the effective date of these regulations will continue to be considered a certified provider under Title 404 NAC when the provider submits to the Department an updated application that includes all items described in 404 NAC 4-002.09A within 90 days of the effective date of these regulations. The current full certification will continue to be effective until the expiration date or terminated in accordance with 404 NAC 4-002.11F. The provider must continue to be in compliance with all applicable state statutes and regulations.

4-002 CERTIFICATION OF PROVIDERS: All specialized providers of services under this title must meet the core requirements in this chapter and the specific requirements in 404 NAC chapters 5, 6, or 8, as applicable to the services the provider plans to provide. Only a certified provider is eligible to provide specialized services under contract with the Department.

4-002.01 Service Options: Certified providers may select the type of services they want to provide:

1. Individual Support Options - Supported Day (see 404 NAC 5);
2. Individual Support Options - Supported Living (see 404 NAC 5);
3. Provider Operated - Residential Services (see 404 NAC 6);
4. Provider Operated - Day Services (see 404 NAC 6);
5. Licensed Center for Persons with Developmental Disabilities (CDD) (see 175 NAC 3); and
6. Respite Services (see 404 NAC 8).

4-002.02 Anyone intending to become a certified provider must submit a letter of intent prior to submitting the application required in 404 NAC 4-002.05A to the Department which must include the type of service(s), as outlined in 404 NAC 4-002.01, that are proposed to be provided and the location(s) of the service(s).

4-002.03 The Department may prioritize the review of certified provider applications based on need.

4-002.04 Overview of Certification Process: To become a certified provider:

1. The applicant submits a complete application as required in 404 NAC 4-002.05. A complete application means that all information and documents have been submitted and are acceptable;
2. The Department will review the application to determine if the applicant has systems in place that will result in compliance with 404 NAC;
3. When a complete and acceptable application is received the Department will issue to the applicant a provisional certification as in 404 NAC 4-002.05C;
4. During the provisional certification period, the provider initiates services to individuals for the selected service options;
5. After the initiation of services to individuals, the Department will conduct an unannounced on-site review;
6. Based on the on-site review, the Department will deny or issue a one- or two-year full certification;
7. An on-site review for compliance will be made prior to the expiration date of any current certification; and
8. Based on a submitted renewal application, the on-site certification review results and any applicable plans of improvement for any identified areas of non-compliance, the Department will make a final decision, in writing, to deny a renewal certification or to issue a one or two year full certification.

4-002.05 Certification Process: To become a certified provider:

4-002.05A Application: An applicant may construct an application or obtain an application from the Department. The application must include:

1. Full name of the entity to be certified, street and mailing addresses, telephone number and facsimile number, if any;
2. Name of director and members of the governing authority, if applicable;
3. Name and address of the owner(s) of the entity;
4. Ownership type, such as individual, partnership, corporation, government, or limited liability company;
5. List of names and addresses of all persons in control of the entity (The list must include all individual owners, partners, limited liability company members, members of board of directors owning or managing operations, and any other persons with financial interest or investments in the agency. In the case of publicly held corporations, only those stockholders who own 5% or more of the company's stock must be listed);
6. Mailing address of the owner;
7. The preferred mailing address for receipt of official notices from the Department;
8. The legal name of the individual or business organization (government, corporation, partnership, limited liability company, or other type) to whom the certification should be issued;
9. Applicant's federal employer identification number if not an individual;

10. Non-profit or for profit status;
11. Signature of the director of the provider and, as applicable, the chairperson of the governing authority;
12. A copy of the registration as a foreign corporation filed with the Nebraska Secretary of State, if applicable;
13. Anticipated date the applicant will be ready to initiate services to individuals;
14. Program description for provision of services that includes:
  - a. Copy of the applicant's organizational chart identifying authority over the agency and the organization of management positions;
  - b. Service options selected as outlined in 404 NAC 4-001;
  - c. Address (including street and city) and telephone number of each location for service delivery, for day and residential services as specified in 404 NAC 6 and 7, including type of service to be provided at each location and planned capacity at each location;
  - d. Copies of current policies and procedures, as specified in 404 NAC 4-003.04;
  - e. List of all sub-contractors and proposed sub-contracts that will provide services under this application;
15. Signed attestation by the director of the entity that all assurances given in this application are to be considered accurate for the certification period unless changes are submitted, in writing; and
16. A disclosure of any criminal history or listing on the Department's registries or the Nebraska State Patrol Sex Offender Registry for any management positions, including owners, directors, and managers. The Department will not certify a provider whose administrative staff or management have been convicted of any of the crimes listed in 404 NAC 4-004.03F.

4-002.05A1 Failure to disclose requested information on the application, or providing incomplete or incorrect information on the application may result in the denial of a certification.

4-002.05B The Department will review the application to determine if it is complete and make a decision to:

1. Deny certification;
2. Ask for revisions to the application; or
3. Issue a provisional certification.

The Department will notify the applicant in writing of the decision.

4-002.05C **Provisional Certification:** Initial applicants are only eligible for a provisional certification. The Department will issue a provisional certification for a six-month period based on approval of the application.

4-002.05C1 If the provider has not provided services to an individual for at least 90 days before the expiration of the provisional certification, the provisional certification may be extended for a six-month period.

4-002.05C2 Initial Certification Review: Before expiration of the provisional certification, the Department will conduct an on-site review to determine compliance. Following the on-site review, the Department will:

1. Issue a full certification if the provider is found to be in compliance with 404 NAC; or
2. Extend the provisional certification on a one-time basis for up to six months when the on-site review shows:
  - a. The provider has been unable to complete the certification requirements but is making satisfactory progress towards compliance;
  - b. There were no health and safety issues involving provision of services to individuals identified; and
  - c. The provider is capable of compliance within the six-month extension period; or
3. Withdraw or deny certification when the on-site review shows:
  - a. The provider is not in compliance with 404 NAC and has not made satisfactory progress towards compliance; or
  - b. There were serious violations of health and safety identified.

4-002.06 Length of Full Certification: Provider certification is contingent upon compliance with applicable 404 NAC standards as required by the Department. Agencies, organizations, or individuals seeking certification will receive a two-year certification upon completion of the certification review. If the outcomes of the certification review show significant or repeated deficiencies, or if there is evidence that provider systems are not functioning properly, the Department may issue a one-year certification.

4-002.07 Denial of Certification: A provider certification may be denied when an agency, organization, or individual has significant deficiencies in several areas of the standards, and there are serious threats to the health, safety, welfare, rights and habilitation of individuals receiving services; or if the agency, organization, or individual has failed, over time, to comply with the standards.

4-002.08 Extension of Full Certification: The Department may extend the full certification for at least 60 days, as conditions warrant.

4-002.09 Certification Renewal: All certified providers must submit a renewal application to the Department 90 days prior to the expiration date of the current certification. The Department will conduct an onsite review.

4-002.09A Renewal Application: The provider must submit a complete renewal application which includes:

1. Full name of the entity to be certified, street and mailing addresses, telephone number and facsimile number, if any;
2. Name of director and members of the governing authority, if applicable;
3. Name and address of the owner(s) of the entity;
4. Ownership type, such as individual, partnership, corporation, government, or limited liability company;
5. List of names and addresses of all persons in control of the entity (The list must include all individual owners, partners, limited liability company members, members of board of directors owning or managing operations, and any other persons with financial interest or investments in the agency. In the case of publicly held corporations, only those stockholders who own 5% or more of the company's stock must be listed);
6. Mailing address of the owner;
7. The preferred mailing address for receipt of official notices from the Department;
8. The legal name of the individual or business organization (government, corporation, partnership, limited liability company, or other type) to whom the certification should be issued;
9. Applicant's federal employer identification number if not an individual;
10. Non-profit or for profit status;
11. Signature of the director of the provider and, as applicable, the chairperson of the governing authority;
12. A copy of the registration as a foreign corporation filed with the Nebraska Secretary of State, if applicable;
13. Program description for provision of services that includes:
  - a. Copy of the applicant's organizational chart identifying authority over the agency and the organization of management positions;
  - b. Service options selected as outlined in 404 NAC 4-001;
  - c. Address (including street and city) and telephone number of each location for service delivery, for day and residential services as specified in 404 NAC 6 and 7, including type of service to be provided at each location and planned capacity at each location;
  - d. Copies of current policies and procedures, as specified in 404 NAC 4-003.04;
  - e. List of all sub-contractors and proposed sub-contracts that will provide services under this application;
14. Signed attestation by the director of the entity that all assurances given in this renewal application are to be considered accurate for the certification period unless changes are submitted, in writing, as specified in 404 NAC 4-002.04; and
15. A disclosure of any criminal history or listing on the Department's registries or the Nebraska State Patrol Sex Offender Registry for any management positions, including owners, directors, and managers. The Department will not certify a provider whose administrative staff or management have been convicted of any of the crimes listed in 404 NAC 4-004.03F.

4-002.09A1 Failure to disclose requested information on the application, or providing incomplete or incorrect information on the application may result in the denial of a certification.

4-002.09B Prior to the expiration date of the current certification, the Department will conduct an on-site certification review to assess compliance.

4-002.09C Based on review of the completed renewal application and the results of the on-site certification review, the Department will make a decision to deny a renewal certification or to issue a full certification in accordance with 404 NAC 4-002.06.

4-002.09D Notification Requirements: The provider must notify the Department, in writing, of any the following situations:

1. Change of ownership within 10 working days of the effective date;
2. Change in director within 10 working days of the effective date;
3. Any addition of a new service option at least 30 days prior to the effective date;
4. Ending a service option currently being provided to individuals at least 60 days prior to the effective date; and
5. Expanding services into another geographic area that was not included under the current provider certification at least 60 days prior to the effective date so the Department can issue a provisional certification.

4-002.09D1 Change in Ownership: A provider certification is issued only to the person(s) named in the application as the certified provider. When a change of ownership occurs, the new owner must assume responsibility for correction of all previously cited deficient practices from the acquired provider.

4-002.10 Certification and Service Reviews: The Department will determine provider compliance with 404 NAC by conducting certification reviews and service reviews to investigate complaints received by the Department or to follow up on incidents reported to the Department. On-site certification and service reviews may be unannounced. In addition to on-site reviews, the Department may request information from the provider prior to the review.

4-002.10A Results of Certification or Services Reviews: The Department will notify the provider, in writing, of the results of the certification or service review including any areas found to be out of compliance with 404 NAC.

4-002.10B Plan of Improvement: The provider must submit an acceptable plan of improvement to continue certification. Within 20 days of receipt of the Department's written results, the provider must submit an acceptable plan of improvement to address areas found to be out of compliance. The plan of improvement must:

1. Be specific in identifying a planned action on how the areas found to be out of compliance have been or will be corrected, for the individual cases included in the review and system wide within the provider organization;
2. Include an expected date for completion of the plan of improvement that is timely, taking into consideration the nature of the violation;
3. Identify a means to prevent a recurrence;
4. Identify who is responsible for implementing the plan of improvement and ensuring all areas are corrected and maintained; and
5. Be signed and dated by the director of the entity or designee.

4-002.10C Upon receipt of an acceptable plan of improvement, the Department may conduct an on-site revisit or request information from the provider to follow-up on the plan of improvement.

4-002.11 Disciplinary Actions: The Department may impose a disciplinary action on a provider based on scope and seriousness of the immediate risk to individuals, the areas found to be out of compliance, or the compliance history of the provider. The Department may impose one or more of the following types of disciplinary action:

4-002.11A Directed Plan of Improvement: The Department will develop the plan of improvement for the provider and require the provider to implement the specified actions within specified timeframes to achieve improvement. The provider is responsible for achieving compliance as outlined in the directed plan of improvement.

4-002.11B Directed In-Service Training: The Department will require the provider to obtain specific training for staff. The provider is responsible for the required training and the associated cost of the training.

4-002.11C State Monitoring: The Department will require monitoring by a Department employee or contractor as a safeguard against further harm or injury to individuals or when there is a serious risk to the safety of the individuals. The monitor must be a Department employee or contractor and cannot have an immediate family member receiving services with the provider or any other conflict of interest.

4-002.11D Probation: The Department sets a period of time by which the provider may continue to operate under the terms and condition set by the Department.

4-002.11E Limitation of Entry to Provider Service or Provision of Services: When the Department finds that the provider has areas found to be out of compliance that impact the provision of services to individuals, the Department may limit individuals' entry into service with the provider or limit the provision of services offered by the provider. This may include services offered at a specific service location(s). Once the provider has achieved compliance and has been determined to have the ability to maintain compliance, the limitation will be lifted.

4-002.11F Termination of the Provider Certification: The Department may terminate the provider certification when:

1. Areas found to be out of compliance pose an immediate and serious threat to one or more individual(s) health and safety;
2. Conduct or practices are detrimental to the health or safety of an individual or other(s) occurs;
3. Failure to file a report of suspected abuse or neglect as required by Neb. Rev. Stat. §§28-372 and 28-711;
4. The provider has established a pattern of not maintaining compliance;
5. The provider has not corrected previously identified areas found to be out of compliance on a provider-wide basis;
6. The provider has established a pattern of not utilizing internal quality improvement activities to ensure compliance on a provider-wide basis with 404 NAC 4-014;
7. The provider is found to have committed, permitted, aided, or abetted the commission of any unlawful act;
8. The provider failed to disclose information on the application or provided incomplete or incorrect information on the application;
9. The provider has failed to submit an acceptable plan of improvement; or
10. The provider has failed to complete any imposed disciplinary action(s) in 404 NAC 4-002.11 as directed by the Department.

4-002.11G Notice of Disciplinary Action to Provider: The Department will send a written notice by certified mail within 30 days of the decision to impose a disciplinary action to the provider.

4-002.11H Immediate and Serious Threats to Health and Safety: When situations involving immediate and serious threat to one or more individual(s) health and safety are identified, the following will occur:

1. The Department will notify the provider verbally of the situation involving immediate and serious threat during the certification or service review;
2. Upon verbal notification, the provider must take immediate action to remove the risk to the identified individual(s) and implement corrective measures to prevent further immediate and serious threat situations;
3. If the provider fails to remove the risk to identified individuals and to implement corrective measures to prevent further immediate and serious threat situations, the Department will notify the appropriate Department staff for consideration of individuals being removed from the provider's services;
4. The Department will notify the provider in writing of the circumstances of the immediate and serious threat situation and the decision to proceed with termination of the provider's certification unless the

- provider has eliminated the immediate and serious threat situation and is able to maintain corrective actions;
5. The provider must submit written evidence of correction or that the circumstances causing the immediate and serious threat no longer exist and that safeguards are in place to ensure the health and safety of individual(s); and
  6. Upon receipt of the provider's evidence of correction, the Department will make a determination regarding the provider's certification. The Department may conduct a revisit to verify compliance.

4-002.12 Informal Dispute Resolution (IDR): The applicant or provider may request the Department conduct an IDR to review and evaluate findings that caused the Department's decision to deny a provisional, full, or renewal certification or to impose a disciplinary action. The applicant or provider must submit a written request for an IDR to the Department within 15 business days of receipt of the notice of the Department's action. The Department will:

1. Hold an IDR within 30 business days of receipt of the request; and
2. Within 30 business days of the IDR, issue an affirmation, modification, or dismissal of the notice, in writing.

4-002.12A If the applicant or provider contests the result of the IDR, the applicant or provider must submit a request for hearing, in writing, to the Department within five business days after receipt of written decision from the Department.

4-002.13 Administrative Hearings in Contested Cases: An applicant or provider has the right to contest the Department's decisions regarding denial, non-renewal, or termination of certification and decisions related to disciplinary action. When an applicant or provider requests a hearing, the Department will hold a hearing in accordance with the Department's rules and regulations adopted and promulgated under the Administrative Procedure Act (APA) (Neb. Rev. Stat. §§. 84-901 to 84-920).

#### 4-003 ADMINISTRATION STANDARDS

4-003.01 All specialized providers must be Medicaid providers as described in 471 NAC 2-000.

4-003.02 Director: Each provider must have a director who is responsible for overall management of the provision of services, establish policies and procedures as specified in 404 NAC 4-003.04, and ensure compliance with applicable requirements in 404 NAC. The director must:

1. Protect and promote the health, safety, and well-being of each individual; and
2. Ensure quality services are provided to meet the needs of all individuals whether services are provided directly by provider staff or through subcontract.

4-003.03 Local Governing Board or Advisory Committee: The specialized provider must comply with Neb. Rev. Stat. §§ 83-1217 and 83-1218.

4-003.04 Provider Policies and Procedures: The provider must establish and implement written policies and procedures that are:

1. Available to staff;
2. Describe provider's operation and how systems are set up to meet individuals' needs;
3. In compliance with 404 NAC; and
4. Reviewed at least annually and revised if needed.

4-003.05 Entry to Service: The provider must:

1. Gather and review referral information regarding the individual, to the greatest extent possible, so the provider is aware of the individual's preferences, strengths, and needs to make a determination as to whether their agency is capable of providing services to meet the individual's needs;
2. Consider the safety of all individuals in the decision to accept new individuals to service or the location for the services; and
3. Consider whether the provider has the capacity, commitment, and resources necessary to provide supports to the individual for the long term. The provider must not admit an individual to services if it cannot reasonably assure that it has the ability to meet the individual's needs.

4-003.06 Termination of Services

4-003.06A A provider may terminate services to an individual when the provider has determined that they can no longer effectively and appropriately serve the individual due to a lack of resources, skills, or capacity. Written notification must be given to the individual or his/her legal representative (if applicable) no less than 60 days prior to the final day of services outlining the reasons for termination of services.

4-003.06A1 When an individual receives services funded through a contract addendum with enhanced rates, notification must be given no less than 90 days prior to the final day of services.

4-003.06A2 When the provider decides to terminate services, a transition plan must be developed in conjunction with the individual's IPP team and the new provider. The plan must be agreed upon by the IPP team and include:

1. A primary focus on the individual's needs and preferences;
2. Timelines;
3. Supports and strategies that are needed for the new provider; and
4. Supports and strategies that are needed for the current provider to continue to meet the needs of the individual during the transition period prior to the termination date.

If a suitable option for the individual has not been found, the Department may require the provider to continue to provide services to the individual for an additional ten days to allow more time to find another option.

4-003.06B When an individual or legal representative (if applicable) decides to voluntarily terminate services with the provider, s/he must provide written notification to his/her current provider no less than 30 days prior to the final day of services. The individual must fulfill any housing lease agreement s/he holds. The individual's IPP team must develop a transition plan that includes:

1. A primary focus on the individual's needs and preferences;
2. Timelines;
3. Supports and strategies that are needed for the new provider; and
4. Supports and strategies that are needed for the current provider to continue to meet the needs of the individual during the transition period prior to the termination date.

4-003.07 Information Available to Public: The provider must make available to the public upon request any certification, licenses, and public inspection reports.

4-003.08 Access to DD Provider: The provider must allow access by Department staff to all records or other documents relating to the operation of the provider, and all individuals served, as the Department deems necessary.

4-003.08A The Department will not authorize an alternative compliance procedure for 404 NAC 4-003.08 or any of its parts.

4-004 STAFF REQUIREMENTS: The provider must recruit, orient, train, manage, and retain qualified staff with the skills necessary to meet the needs of individuals and respond to emergencies. The provider must ensure and maintain evidence of the following:

4-004.01 Specialized providers must comply with the employee verification requirements of Neb. Rev. Stat. § 4-114.

4-004.02 Age Requirements: Staff providing direct services must be at least 18 years of age.

4-004.03 Background Checks: The provider must ensure the safety of individuals served by complying with the following requirements for background checks:

4-004.03A Register/Registry Check: The provider must:

1. Check the Central Register of Child Protection Cases and the Adult Protective Services Central Registry in the Department. The provider must initiate checks with the Department within ten calendar days of employment and as necessary to verify a staff person is not on the registry/register. The provider must initiate checks on all staff. The provider must initiate checks on household members (excluding

- individuals served) of a household in an extended family home or respite provider's home (if services are delivered in the provider's home) as follows: checks on the Central Register of Child Protection Cases for members age 13 or older and checks on the Adult Protective Services Registry for members age 18 or older;
2. Check the Nebraska State Patrol Sex Offender Registry; and
  3. Retain results of registry/register checks for one year following the termination of the staff person's employment.

4-004.03B Criminal History Check: The provider must:

1. Require a state and federal criminal history record information check completed by the Nebraska State Patrol and the Identification Division of the Federal Bureau of Investigation for all staff persons or subcontractors providing direct services hired on or after September 13, 1997, who work directly with individuals served and who are not licensed or certified as members of their profession;
2. Ensure that each new staff person subject to the criminal history check files two complete sets of his or her legible fingerprints, or fingerprint equivalent, and biographical information with the Department within ten calendar days of hire;
3. Not accept results and documentation of criminal history checks that are completed more than 180 days before the staff person's hire date; and
4. Retain results of each new staff person's criminal history checks for one year following the termination of employment.

4-004.03C Employees who provide direct support services may not work alone with individuals served until the results of the registry checks and the criminal history background checks as specified in 404 NAC 4-004.03A and 4-004.03B are reviewed by the provider.

4-004.03D The provider must determine whether employees found to be listed on the Central Register of Child Protection Cases or the Adult Protective Services Central Registry in the Department or the Nebraska State Patrol Sex Offender Registry or found to have with a criminal history present risk of abuse, neglect, exploitation, or sexual misconduct to individuals served. The provider must document any provider decision to maintain a staff person listed on a registry or found to have a criminal history as outlined in 404 NAC 4-004.03F, including how that decision was made and the provider's plan to reduce risks to individuals and to provide protections, as necessary.

4-004.03E Alternative Method of Criminal History Check: The provider may employ a person pending the results of the criminal history check if they have utilized an alternative method of criminal history checks at its own expense until the results of the required criminal history check are received. The alternative method of criminal history checks must be approved by the Department. If the results of the alternative method indicate that the person has not been convicted of any crimes listed in 404 NAC 4-004.03F, that person may work alone with individuals served by the provider.

If the results of the required criminal history check in 404 NAC 4-004.03B indicate that the person has been convicted of any of the crimes listed in 404 NAC 4-004.03F, then the person may not work alone with individuals served by the provider.

4-004.03F Specific Crimes: The provider must not allow employees found to be convicted of the following crimes to work alone with individuals served by the provider:

1. Child pornography;
2. Abuse of a child or vulnerable adult;
3. Felony domestic assault;
4. Misdemeanor domestic assault within the last five years;
5. Shoplifting after age 19 and within the last three years;
6. Felony fraud within the last ten years;
7. Misdemeanor fraud within the last five years;
8. Possession of any controlled substance within the last five years;
9. Possession of any controlled substance with intent to deliver within the last ten years;
10. Felony assault without a weapon within the last ten years;
11. Felony or misdemeanor assault with a weapon in the last 15 years;
12. Prostitution or solicitation of prostitution within the last five years;
13. Felony or misdemeanor robbery or burglary within the last ten years;
14. Rape or sexual assault; or
15. Homicide.

4-004.03G All employees must notify the provider immediately if charged or convicted of any of the crimes listed in 404 NAC 4-004.03F or if his/her name is placed on any of the Department's registries.

4-004.04 Staff Training and Competency: The provider must ensure that employees, including subcontractors and management, responsible for providing supports and services to individuals with developmental disabilities are educated/trained on the minimum requirements necessary to address the individual's needs prior to working with individuals in services.

Staff responsible for providing direct services must demonstrate the competence to support individuals as part of a required and on-going training program. The provider must ensure staff receive training and demonstrate competencies under the guidance of an already trained and proficient staff member prior to working alone with individuals.

The provider must document in the employee's personnel record that required orientation and training was completed and competency was demonstrated. It is the responsibility of the provider to ensure that training and verification of such is completed by persons with expertise who are qualified by education, training, or experience in those areas.

4-004.04A Initial Orientation Requirements: Initial orientation must be completed by all new employees prior to working alone with individuals. Employees must complete the following training requirements:

1. Individual's choice;
2. Individual's rights in accordance with state and federal laws;
3. Confidentiality;
4. Dignity and respectful interactions with individuals; and
5. Abuse, neglect, and exploitation and state law reporting requirements and prevention.

4-004.04B Required Training: Employees must be trained to respond to injury, illness, and emergencies, and competency verified within 30 days of hire or before working alone with an individual. The following training areas must be addressed:

1. Emergency procedures;
2. Cardiopulmonary resuscitation;
3. Basic first aid;
4. Infection control;
5. Individuals' medical protocols as applicable; and
6. Individuals' safety protocols as applicable;

4-004.04C Employees must be trained and demonstrate competency within 180 days of hire regarding the implementation of the provision of services to individuals. This training must include:

1. Implementation and development of the IPP and interdisciplinary process;
2. Positive support techniques;
3. Approved emergency safety intervention techniques;
4. Concepts of habilitation, socialization, and age-appropriateness, depending on the needs of the individual;
5. Use of adaptive and augmentative devices used to support individuals, as necessary;
6. Other training required by the provider; and
7. Other training as required by the specific service options.

4-004.04D Training and verification of competencies in the above areas must be conducted by persons with expertise who are qualified by education, training, or expertise in those areas.

4-004.04E The provider must document in the staff personnel record that training and demonstration of competency were successfully completed. Documentation must include:

1. Topic;
2. Date staff attended training;
3. Date competencies verified;

4. Name of person conducting training; and
5. Verification of competencies.

4-004.05 Staff Credentials: Any person who provides a service for which a license, certification, registration, or other credential is required must hold the license, certification, registration, or credential in accordance with applicable state laws. The provider must maintain documentation of the staff credentials.

4-004.06 Sufficient Staff: The provider must at all times maintain enough staff to provide services, supports, and supervision to meet the needs of each individual served.

4-004.07 Direction and Supervision of Unlicensed Staff Providing Non-Complex Nursing Interventions: When the provider intends to have unlicensed staff provide non-complex nursing interventions to individuals served, the provider must comply with 172 NAC 99.

4-004.08 Medication Aides: When the provider is responsible for provision of medication to individuals as identified in the IPP and uses unlicensed staff, the provider must comply with 172 NAC 95 and 96.

4-004.09 Staff Records

4-004.09A Staff Work Records: The provider must maintain a record of hours worked by staff who provide direct services. The record must include the name of the staff person, position title, date and specific time period worked, and the location the staff person worked for the specified period of time.

4-004.09B Staff Employment Records: The provider must maintain a current employment record for each staff person that includes:

1. Date of hire;
2. Initial and ongoing training;
3. Certification or licensing information, if applicable;
4. Background checks as specified at 404 NAC 4-004.03;
5. Job qualifications; and
6. Personnel actions, if applicable.

4-005 SPECIALIZED PROVIDER SERVICE STANDARDS: The provider must ensure that all individuals receive habilitation, supports, health care, and other services consistent with the needs and preferences of the individual.

4-005.01 Habilitation: Each individual receiving services must receive habilitation services to acquire, retain, and improve the skills necessary so the individual is able to function with as much independence as possible; enhance choice and self management; and participate in the rights and responsibilities of community membership. Habilitation must be observable in daily practice and identifiable in the IPP and supporting documentation. Habilitation must be an ongoing planned process that includes: comprehensive assessments, an individualized plan, training and supports, service delivery, documentation of the service delivery, measuring progress of the plan;

monitoring the service to determine if the services continue to meet the needs of the individual.

Habilitation requires that:

1. The individual's program plan is developed based on the individual's preferences with input from the IPP team members, and strengths and needs that are accurately assessed.
2. The IPP team must prioritize needs so that:
  - a. The individual is challenged to overcome barriers that result in the need for specialized services; and
  - b. The highest level of independence in all areas of community living is achieved.
3. Strategies and supports must be developed that are:
  - a. Based on prioritized needs;
  - b. Relevant to the IPP;
  - c. Functional;
  - d. Tailored to individual needs, and respectful of individual choice; and
  - e. Documented in the IPP.
4. Training and supports are consistently implemented in all settings as the need arises and as opportunities occur. Incidental learning and appropriate behaviors are encouraged and reinforced.
5. Activities and environments must facilitate acquisition of skills, appropriate behavior, greater independence, and personal choice.
6. Performance is accurately measured and training or supports or both are modified based on data and changes in individual circumstances;
7. Monitoring of service delivery must be provided and, if needed, cause actions to occur to ensure needs are addressed.

Individuals with conditions that make further growth or development unlikely must receive training and supports designed to maintain skills and functioning and to prevent further regression to the extent possible.

4-005.01A Assessments: Assessments must be conducted for each individual to obtain accurate and complete information related to the individual's history, preferences, strengths, and abilities and needed services. The assessments must be the basis of development of the IPP. Assessments must be completed for each individual within 30 calendar days of entry to services; at least annually, the assessments must be reviewed and updated to reflect the individual's current status.

4-005.01B Individual Program Plan (IPP): The IPP must be an individualized person centered plan that specifies agreed upon services to be delivered to the individual to meet identified needs. The IPP must be a plan to offer habilitation services and supports to individuals. The IPP must be based on individual's preferences and the comprehensive assessments. The provider must participate in development of the annual IPP and take the necessary steps to ensure that the IPP documents the IPP team review, discussions, and decisions.

4-005.01C Programs and Supports: Services such as supports and programs to learn new skills must be identified in the IPP. The provider must develop a specific written plan with enough detail to consistently implement these services.

4-005.01C1 Supports are the assistance required by the individual to maintain or increase independence, achieve community participation, improve productivity, and for health and safety. Supports must be flexible and subject to change when circumstances change or the supports are no longer needed or effective.

4-005.01C2 Programs must be based on the goals identified in the IPP for the development of functional skills.

4-005.02 IPP Team Process: The IPP is developed through an IPP team process. The IPP team assigns responsibility for obtaining and providing services to meet the identified needs of the individual.

4-005.02A The IPP team consists of the individual, legal representative, if applicable, service coordinator, provider representative(s), and other individuals chosen by the individual served. The individual may raise an objection to a particular provider representative. When an individual raises an objection, the IPP team must attempt to accommodate the objection while allowing participation by provider representatives.

4-005.02B The IPP team must utilize a team approach and work toward consensus development of a meaningful outcome driven IPP for the individual.

4-005.02A The Department will not authorize an alternative compliance procedure for 404 NAC 4-005.02 or any of its parts.

4-005.03 Positive Behavioral Supports: In addressing behaviors, the provider must develop and implement policies, procedures, and practices that emphasize positive approaches directed towards maximizing the growth and development of each individual. The provider must ensure the following behavior supports and emergency safety interventions for emergency safety situations are in place:

1. The assessment must attempt to define the communicative function of the behavior for the individual;

2. The assessment must focus on what purpose the identified behavior serves in the individual's life;
3. A review of the individual's day supports, residential supports, and other relevant data must be incorporated in the assessment process;
4. A plan for the individual must be developed that emphasizes positive meaningful activities and options that are inconsistent with the behavior targeted for change;
5. There must be a combination of a planned meaningful day and individualized supports for the individual;
6. The plan must include a description of potential stressors and triggers that may lead to the individual experiencing a crisis. Once identified, there must be a comprehensive safety plan developed and implemented; and
7. There must be meaningful and individualized data collection and data analysis that track the progress of the individual. The data must be presented in a useful manner and collected through a range of methods that are valid and meaningful for planning and evaluation efforts.

4-005.03A The Department will not authorize an alternative compliance procedure for 404 NAC 4-005.03 or any of its parts.

4-005.04 Notice of Costs to the Individual: The provider must develop and implement a system for notification to individuals and legal representatives of any associated cost to the individual for the service or items and terms of payment. Written notice must be given to the individual before initiation of service and before any change, giving adequate time for the individual or legal representative to respond to the notice. The notice must specify that individuals will not be charged for services or items that are covered through other funding sources, including items necessary to provide habilitation and transportation related to habilitation and provide information on policies for:

1. Who is responsible for replacement or compensation when individuals' personal items are damaged or missing; and
2. How individuals will be compensated when staff or other individuals in service who do not reside in the location (i.e., respite) utilize the environment and eat food paid for by individuals. This excludes any visitors/guests invited by the individuals to socialize in the residence.

4-005.05 Individuals' Personal Funds and Property: The provider must develop and implement written policies and procedures to identify and detail the system to be used to protect individual's funds and property. These policies and procedures must include the following:

4-005.05A General Requirements: The provider must ensure that:

1. The provider must not use the individuals' funds and property as a reward or punishment;
2. The provider must not assess the individuals' funds and personal property as payment for damages unless the IPP team reviews, on a case by case basis, whether it is appropriate for the individual to make

- restitution, the rationale is documented on the IPP, and the individual or legal representative gives written informed consent to make restitution for damages;
3. The provider must not assess the individuals' funds and personal property for damages when the damage is the result of lack of appropriate supervision or lack of programmatic intervention;
  4. The provider must not use the individuals' funds and personal property to purchase inventory or services for the provider; and
  5. The individuals' funds and personal property are not borrowed by staff.

4-005.05B Support in Managing Financial Resources: When an individual does not have the skills necessary to manage his/her financial resources, the provider may, with the informed choice of the individual, offer services and supports that temporarily transfers some of the control of handling the individual's financial resources to the provider.

4-005.05B1 The transfer of control of an individual's financial resources:

1. Must not be for a convenience of staff, or as a substitute for habilitation;
2. Must be temporary;
3. Must be based on the choice of the individual and the extent to which the individual can participate;
4. Must not be transferred to another entity and the individual must not be charged for the service.

4-005.05C The individual's IPP team must determine and document in the IPP the following regarding the temporary transfer of control of an individual's finances to the provider:

1. The extent in which the individual can participate in management of his/her financial resources;
2. The individual's informed choice;
3. The rationale for the transfer of control;
4. The support plan that leads to returning control of the finances to the individual; and
5. The frequency in which the IPP team will review the temporary transfer of control and support plan, but at least annually.

4-005.05D Provider Management of Individuals' Finances: When the provider is responsible for handling individuals' funds:

1. The provider must maintain a financial record for each individual that includes:
  - a. Documentation of all cash funds, savings, and checking accounts, deposits, and withdrawals; and
  - b. An individual ledger which provides a record of all funds received and disbursed and the current balance.

2. The provider must provide account balances and records of transactions to each individual or legal representative at least quarterly, unless otherwise requested;
3. The provider must ensure that all non-routine expenditures exceeding \$100 are reviewed and prior authorized by the individual or legal representative. The individual's IPP team is notified;
4. The provider must ensure that policies and procedures outline how financial errors, overdrafts, late fees, and missing money will be handled when the provider is responsible for managing individuals' funds. The policies and procedures must include that:
  - a. The provider is responsible for service charges and fees assessed due to staff errors;
  - b. The provider must replace missing money promptly if missing money is due to staff error; and
  - c. The provider is responsible for taking steps to correct an individual's credit history when it is affected by provider staff actions in managing the individual's finances;
5. When the provider is maintaining individuals' personal funds in a common trust, a separate accounting is maintained for each individual or for his/her interest in a common trust fund.

4-005.06 Health Services: Unless otherwise assigned in the IPP, the provider must take reasonable steps to assist and support individuals in obtaining health services consistent with his/her needs. Individual health services include medication administration and monitoring, medical services, dental services, nutritional services, health monitoring and supervision, assistance with personal care, personal health care and education, exercise, and other therapies. The provider must meet the following requirements.

4-005.06A Evaluations/Services: Unless otherwise assigned in the IPP, the provider must arrange for or assist the individual in obtaining evaluations and services based on the individual's need, such as physical exams, dental services, psychological services, physical and occupational therapy, speech therapy, audiological services, vision services, nutrition therapy, and other related evaluations and services. Each individual must receive the following evaluations:

1. A medical evaluation every 12 months. Exception: The medical practitioner has identified the need for these evaluations on an alternate schedule; and
2. A dental evaluation every 12 months. Exception: The dentist has identified the need for the evaluation on an alternate schedule.

4-005.06B Observing and Reporting: The provider must ensure that the health status and physical conditions are observed, reported, and responded to in a timely and appropriate manner as needed. For those individuals where the responsibility for obtaining health services has been assigned to someone other than the provider, the provider is responsible to observe, report, and respond to the individual's health service needs to ensure needs can be appropriately met.

4-005.06C Orders/Recommendations: The provider must ensure individuals receive care, treatment, and medications in accordance with orders from a medical practitioner. Recommendations from other health care professionals must be reviewed by the IPP team and incorporated into the IPP as determined by the IPP team.

4-005.06D Assistive Devices: The provider must assist individuals with the utilization of assistive and adaptive devices as needed and as identified on the IPP.

4-005.06E Health Records: The provider must maintain health-related records on each individual to document the provision of services and the individual's response to services. The records must include:

1. Any health related assessments;
2. Documentation of an illness, injury, and other health concerns of care, treatment, and medication administration;
3. Documentation of provision of health-related services, including observations of the individual's response, such as lack of progress in provision of service;
4. Current physician orders for medication, treatments, and therapies;
5. Records of visits to the physician or other health care professionals and their recommendations and any other consultation or therapy provided; and
6. Information related to hospitalization, nursing facility stays, or other types of health care providers.

4-005.07 Disaster Preparedness and Management: The provider must establish and implement disaster preparedness plans and procedures to ensure that individual's care, safety, and well-being are provided and maintained during and following instances of natural (tornado, flood, etc.) or other disasters, disease outbreaks, or other similar situations. These plans and procedures must address and delineate:

1. How the provider will maintain the proper identification of each individual to ensure that care coincides with the individual's needs;
2. How the provider will move individuals to points of safety or provide other means of protection when all or part of the building is damaged or uninhabitable due to natural or other disaster;
3. How the provider will protect individuals during the threat of exposure to the ingestion, absorption, or inhalation of hazardous substances or materials;
4. How the provider will provide food, water, medicine, medical supplies, and other necessary items for care in the event of a natural or other disaster; and
5. How the provider will provide for the comfort, safety, and well-being of individuals served in the event of 24 or more consecutive hours of:
  - a. Electrical or gas outage;
  - b. Heating, cooling, or sewer system failure; or
  - c. Loss or contamination of water supply.

4-006 TRANSPORTATION: When the provider transports individuals, the provider must ensure that all individuals are transported in a safe and comfortable manner that meets the needs of each individual. The provider must ensure that:

1. Vehicles are adapted to meet the needs of all individuals served. Individuals must not be denied transportation services due to the lack of adaptation of vehicles;
2. Adequate measures are taken to provide a sufficient number of staff in the vehicle to ensure safety and to meet the needs of each individual being transported; and
3. That each person transporting individuals served:
  - a. Has a valid driver's license with the appropriate class code;
  - b. Has knowledge of state and local traffic rules;
  - c. Is capable of assisting individuals in and out of vehicles and to and from parking places, when required; and
  - d. Has received training in first aid, CPR, and in meeting the needs of the specific individuals for whom transportation is provided.

4-007 RIGHTS OF INDIVIDUALS RECEIVING SERVICES: Each individual receiving services has the same legal rights and responsibilities guaranteed to all other individuals under the federal and state constitutions and federal and state laws. These rights can only be modified or suspended according to state or federal law.

4-007.01 Procedural Requirements Regarding Rights: The provider must ensure that:

1. Rights and responsibilities are specified and this specification does not conflict with Title 404.
2. Each individual served, parent if a minor, or legal representative is informed of the individual's rights and responsibilities:
  - a. The information must be given at the time of entry to services, annually thereafter, and when significant changes occur; and
  - b. The information must be provided in a manner that is easily understood, given verbally and in writing, in the native language of the individual, or through other modes of communication necessary for understanding.
3. The provision of supports to individuals receiving services in exercising their rights;
4. Rights must not be treated as privileges; and
5. Prohibit retaliation against individuals' services and supports due to the individual, family members, or legal representatives advocating on behalf of the individual served. This includes initiating a complaint with outside agencies.

4-007.02 The Department will not authorize an alternative compliance procedure for 404 NAC 4-007 or any of its parts.

4-008 INCIDENT REPORTING SYSTEM: The provider must implement a system for handling incidents.

4-008.01 The incident reporting system must include:

1. Identification of incidents that require completion of an incident report to the Department that includes:
  - a. Situations that adversely affect the physical or emotional well-being of an individual served;
  - b. Suspected cases of abuse, neglect, exploitation, and mistreatment; and
  - c. Emergency safety situations that require the use of emergency safety interventions;
2. Recording the essential facts of the incident, including the results of the incident and any actions which might have prevented the incident;
3. An action plan that includes the provider's immediate effort to address the situation and prevent recurrence;
4. Establish timelines to ensure prompt reporting of incidents as appropriate, including reporting to:
  - a. Provider management;
  - b. The individual who receives services involved in the incident;
  - c. Family member/legal representative as appropriate;
  - d. Child and Adult Abuse/Neglect in the Department; and
  - e. Law enforcement.
5. Reporting requirements;
  - a. A verbal report to the Department upon becoming aware of the incident;
  - b. A written report using the Department approved format within 24 hours of the verbal report;
  - c. A written summary submitted to the Department of the provider's investigation and action taken within 14 days; and
  - d. An aggregate report of incidents must be submitted to the Department on a quarterly basis. Each report must be received by the Department no later than 30 days after the last day of the previous quarter. The reports must include a compilation, analysis, and interpretation of data, and include evidentiary examples to evaluate performance that result in a reduction in the number of incidents over time.
6. Review and analyze information from incident reports to identify trends and problematic practices which may be occurring and take appropriate corrective actions to address problematic practices identified.

4-009 COMPLAINTS AND GRIEVANCES: The provider must promptly addresses complaints and grievances filed with the provider on behalf of individuals served:

1. The process must be made available to individuals, legal representatives, staff, and other representatives. Utilization of the provider's process is voluntary and is not meant to deny or delay an individual's right to file a complaint elsewhere or to access the legal system;
2. The process must be convenient to the individual;
3. The process must include time frames and procedures for review of complaints and grievances and the provision of a response;
4. The provider must review the complaint and grievance process, including the right to go to court, with each individual receiving services and the legal representative at the time the individual enters services and annually thereafter; and

5. The provider must maintain documentation of the receipt of all complaints and grievances, the resolution, and the response to the complainant.

4-009.01 The Department will not authorize an alternative compliance procedure for 404 NAC 4-009 or any of its parts.

4-010 ABUSE AND NEGLECT: The provider must develop a system to detect and prevent abuse and neglect and to handle allegations of abuse, neglect, and exploitation. The provider must ensure:

1. The provider's definition of abuse and neglect is consistent with these regulations;
2. The description of the process and timelines for prompt and accurate reporting of allegations or suspicion of abuse or neglect to appropriate outside authorities in accordance with Neb. Rev. Stat. §28-372 of the Adult Protective Services Act or, in the case of a child, in accordance with Neb. Rev. Stat. §28-711;
3. Description of measures and timelines for reporting of suspicion of abuse and neglect to appropriate provider administrative staff; the legal representative, if appropriate, and service coordinator;
4. Description of the process to conduct a timely, thorough, and objective investigation of all allegations or suspicions of abuse and neglect, including protection of individuals during the investigation;
5. Description of the process for disciplinary action taken when staff are found to have engaged in abusive or neglectful behavior;
6. Appropriate corrective or disciplinary action is taken in response to the investigation;
7. Review by the director of the entity, or designee, of all allegations and investigations and make decisions on the action to be taken;
8. Identification of the means to lessen the likelihood of further incidents if the allegation is substantiated;
9. Documentation of the allegation, investigation, conclusion, action taken, and means to prevent further incidents; and
10. The rights review committee must evaluate all allegations and investigations of abuse and neglect for any violation of an individual's rights.

4-011 RIGHTS REVIEW COMMITTEE: The provider must establish a rights review committee that meets no less than semi-annually. The function of this committee is to review any situation requiring an emergency safety intervention, the use of psychotropic medication as outlined in 404 NAC 5-003.02E and 404 NAC 6-005, any restrictive measure as outlined in 404 NAC 6-004, and any situation where violation of an individual's rights occurred. The review may include obtaining additional information and gathering input from the affected individual and his/her legal representative, if applicable, to make recommendations to the provider. The rights review committee may utilize sub-committees to complete its work, but must document reports of the sub-committees to the overall committee in the minutes of meetings held. Interim approvals of psychotropic medications and restrictive measures are allowed in circumstances that require immediate attention. The interim approval may be done by a documented designee of the committee, who must be a current member of the rights review committee, and the meeting minutes must document final approval by the overall committee at its next meeting.

4-011.01 Membership of the Rights Review Committee: The committee members must be persons free from conflict of interest and who will ensure the confidentiality of information related to individuals served. The person responsible for approving the individual's program and any staff who provides direct services to the individual cannot participate as decision makers. At least half of the committee members must be individuals, family, or other interested persons who are not provider staff.

4-012 CONFIDENTIALITY: The provider must ensure protection of the confidentiality of each individual's information, including verbal, electronic, and written form. Individual information must be protected regardless of the form or storage method of the records.

4-012.01 The Department will not authorize an alternative compliance procedure for 404 NAC 4-012 or any of its parts.

4-013 RECORD KEEPING: The provider must maintain records in such a manner to ensure accurate, current, and complete records specific to the individual and for administrative records.

4-013.01 Individual Record: The provider must develop and maintain a record keeping system that includes a separate record for each individual that contains sufficient, current, and accurate information. The individual's records must contain information that includes, but is not limited to:

1. Date of entry into services with the provider;
2. Name, gender, and birth date of the individual;
3. Current physical description or current photo of the individual;
4. The language or means of communication utilized by the individual;
5. Legal status of individual, and name, telephone number, and address of legal representative, if applicable;
6. Name, phone number, and address of persons to contact in an emergency;
7. Name, phone number of the individual's current personal physician and other health care professionals, if applicable;
8. Relevant medical information; including history of seizures, illness, physician orders, treatments, medications, medication history, immunizations; physician contacts, emergency room visits, dental visits, counseling visits, and hospitalizations;
9. Records of incidents and accidents;
10. Consents as appropriate;
11. Records of emergency safety intervention usage and the rationale for use;
12. IPP;
13. Documentation of delivery of services and supports;
14. The individual's rights notification;
15. Notice of charges;
16. Name of service coordinator and phone number;
17. Accounting of the individual's funds, if managed by provider;
18. Notification of termination of services with the provider, if applicable; and
19. Social history information.

4-013.02 General Record Keeping Requirements

4-013.02A Time Frames: The provider must establish time frames for the completion, routing, and filing of all record documents as required and as appropriate to the individual.

4-013.02B Documentation: The provider must ensure sufficient, current, and accurate documentation to verify the delivery of services and compliance with applicable requirements in 404 NAC.

4-013.02C Maintenance: The provider must designate staff responsible for the maintenance of the individual's records.

4-013.02D Organization: The provider must develop and implement a systematic organization of records to ensure permanency, accuracy, completeness, and easy retrieval of information.

4-013.02E Retention/Destruction: The provider must develop a process relating to retention, safe storage, and safe destruction of the individual's records to ensure retention of necessary information and to protect confidentiality of records. The provider must retain records relating to the individual and the provision of services for at least six years, including HIPAA health-related records.

4-013.02F Location: The provider must have a method to access the records by staff and other relevant persons as needed. The provider must ensure that current and applicable records relating to the individual are readily available to staff when providing services to individuals. If there are changes in ownership, all individual records must be transferred to the current owner. Before dissolution of any provider agency, the administrator must notify the Department in writing of the location and storage of individual records.

4-013.02G Access: The provider must govern access to, duplication, dissemination, and release of information from the individual's record.

4-013.02G1 The provider must ensure written consent is obtained from the individual or the individual's legal representative for the release of information specific to the individual, including release of photographs to persons not authorized under law to receive them. The consent must identify the specific information to be released and the time period the consent is in effect, except that no written consent to release or access information is necessary for Department representatives to review the records.

4-013.02G2 The provider must specify the method and frequency for obtaining authorizations for medical treatment and consents.

4-013.02H Record Entries: The provider must ensure that all record entries are dated, legible, and clearly identify the person making the entry. In the case of electronic records, signatures may be replaced by an approved, uniquely identifiable electronic equivalent.

4-013.02I Inspection of Records: The provider must ensure that all administrative records and records relating to the individual served are made available for review by authorized representatives of the Department.

4-014 QUALITY ASSURANCE/QUALITY IMPROVEMENT (QA/QI): The provider must have a process for:

1. Ongoing proactive internal review of the quality and individualization of services;
2. Continuous quality review of the services provided;
3. The provider must provide evidence that individuals served and their families are involved in the QA/QI process.

4-014.01 QA/QI Structural Components: The provider must create the structural components of the QA/QI process. The process must be applied on a provider-wide basis and include:

1. Areas of services to be monitored and evaluated to determine the quality of these services through identification of patterns and trends of the provider services.
2. Provisions for reviewing QA/QI policies and procedures at least annually and revising as needed.

4-014.02 The QA/QI activities must result in:

1. Ensuring compliance with applicable requirements in Title 404;
7. Identification and correction of problems in a timely manner and on a provider-wide basis; and
8. Use of information from reviews, results, and recommendations to correct problems, improve services to individuals served, and revise policies and procedures, if necessary.

4-014.03 Documentation of QA/QI Activities: The provider must maintain documentation of all QA/QI activities, including the results of reviews, recommendations, action taken, effectiveness of action taken, review by the director and certified provider, and other relevant information.