



ADULT DAY PROGRAM ADMISSION CONTRACT

Participant Name: _____ Date: _____

Mission Statement: *The mission of Senior Concerns is to serve seniors and family caregivers by providing quality programs, appropriate resources and educational outreach to Ventura County and western Los Angeles County residents.*

The **Senior Concerns Adult Day Program (SCADP)** is a non-medical, community-based adult day center licensed by the State of California Department of Social Services (CDSS) and Community Care Licensing (CCL) to provide physical, recreational and social activities for adults with cognitive or physical impairments who need supervision and/or assistance with some Activities of Daily Living and respite time for caregivers.

I. Basic Services Include:

- A) Supervised and engaging activities: arts & crafts, brain fitness, discussion and reminiscence groups, music, entertainment, modified exercises, gardening, religious group activities, visiting pets and other person centered activities.
- B) Assistance with some Activities of Daily Living (scheduled restroom breaks and guidance).
- C) Nutritious lunch, a morning and an afternoon snack are prepared daily and provided in accordance with and subsidized by the US Department of Agriculture. Most special dietary needs and desires are accommodated.
- F) Daily observation of participant's general health.
- G) Care Management (by appointment).
- H) Information and Referral.
- I) Caregiver Education Programs.

II. Optional Services Available:

- A) Pureed or special needs diet. This includes gluten free.
- B) One on one feeding assistance.
- C) Daily assistance with Medication Supervision. Participants will be assisted with self-administration of prescription medications, over-the-counter medications, vitamins and supplements in accordance with physician's instructions, unless prohibited by law. Injectable medications are not permitted. Over-the-counter medications, vitamins, supplements and probiotics require a doctor's note on a prescription pad or a note from the physician on his letterhead specifying time and amount to be delivered prior to being dispensed at the Center.
- D) Assistance in the bathroom by one staff. SCADP will provide incontinence products as needed, however caregiver/responsible party is asked to provide personal product supplies if participant has a particular product not available at our center.

Additional Services Available:

- A) Morning and Afternoon Extended Care: AM Extended Care is from 7:30 AM to 9:00 AM (Fee: \$20.00 per day) and PM Extended Care is from 3:00 PM to 5:30 PM (Fee: \$30.00 per day).
- B) Coordination of transportation services for eligible participants with Dial-A-Ride (DAR) (Fee: \$3.00 each way for Thousand Oaks, Newbury Park, Westlake and Oak Park and \$5 each way for Simi Valley and Moorpark). SCADP coordinates transportation services *as a courtesy* for participants with Dial-A-Ride.

III. Eligibility:

Admission to SCADP is made on an individual basis according to a participant's suitability determined by a functional assessment, physician assessment, caregiver's need and program availability. SCADP does not discriminate regarding age, sex or gender, race, religion, color, political affiliation, national origin, disability, marital status, actual or perceived sexual orientation, or ancestry.

We accept participants who are in need of a safe, supportive environment. We are unable to accept those who require skilled nursing care.

- The participant must be able to benefit from regular activities at the day center.
- The participant must be able to rise from a chair and/or wheel chair with minimal assistance.
- The participant must not be so frail as to be in danger of falling or injuring him/herself or staff.
- The participant must not exhibit behaviors which present a threat to themselves or others.

Individuals in need of one-on-one supervision may be asked to provide their own caregiver. Individuals with the following conditions are not eligible to participate in the SCADP: Naso-gastric and naso-duodenal tubes, Active, communicable TB, pressure sores, and conditions that require 24-hour nursing care/monitoring.

Forms required prior to attending program:

A release from the participant's physician, in addition to the completion of a number of other documents listed in Exhibit A are required.

IV. Attendance:

We encourage participant to select a minimum attendance of at least two days per week to receive the full benefit of our program. This helps the participant become familiar with the program and establish relationships with the other participants and staff. **Base program hours are from 9:00 AM to 3:00 PM.** "AM Extended Care" is from 7:30 AM to 9:00 AM and "PM Extended Care" is from 3:00 PM to 5:30 PM

We ask that participants adhere to their scheduled days of attendance. As needs change, we will accommodate according to space and staffing availability. **SCADP requires a two week notice if exiting program.** *Additional days or a change to the schedule of attendance can be requested and are accommodated, as space is available.*

- Changes in participants attendance should be submitted in writing to the Program Lead or Program Director or verbally explained in person or on the phone. Voicemails do not provide confirmation of a change in attendance.
- A participant may make up a scheduled missed day with advance approval, within the month, or an extension may be requested.

- Should a participant leave SCADP temporarily, a one month hold may be placed on the file. After one month time the file will be closed. The participant may return upon reassessment by the Program Director and/or Program Leads, submission of an updated Physicians' Report and an updated signed contract and fee schedule.
- Absences due to serious illness/hospitalization require either a copy of the hospital discharge papers or a Physician's Note clearing the participant to return to SCADP prior to re-entrance into the program to protect the health of all our participants.
- Participant readmission to the program is subject to reassessment and space availability.
- Any request for additional days will be accommodated based upon availability. Additional days will be billed at the agreed upon daily rate.
- If no notice is provided when participant exits the program there will be a charge billed for an additional two weeks.

V. Provisions:

A signed contract is required in advance of admission into SCADP. The Responsible/ Participant Party shall sign a contract committing to the days of attendance and fee for services.

For the purposes of this agreement/contract the "Responsible Party" refers to an individual acting as the Family Caregiver, Authorized Representative, Power of Attorney, Guardian, or Conservator that assists the participant in placement or assumes responsibility for the participant's wellbeing and financial obligations.

VI. Modifications to Needs and Services Plans:

A written Needs and Services Plan is updated by SCADP staff as often as necessary, but at least annually to ensure its accuracy and to document significant occurrences that result in changes in the client's physical, mental, psychological and or social functioning. A Physician's Report must be provided when there is a change in functioning, and an Updated List of Medications as often as necessary.

VII. Transportation:

For the protection of the participant, SCADP requires designated persons to be identified for transportation of the participant to and from SCADP. Changes in designated persons or changes in transportation must be communicated with the SCADP staff. The participant will NOT be released to anyone other than a designated person.

Caregivers are encouraged to provide transportation to and from SCADP. If that is not feasible; it is the responsibility of the Participant and Responsible Party to apply for a Dial-a-Ride Card (DAR) or Ventura County Transportation Commission ADA Card. Once we receive a copy of the DAR or ADA Card, SCADP will assist in coordinating DAR services.

As a courtesy SCADP will coordinate DAR services and advance payment to DAR. SCADP will add the charge to your monthly statement under transportation coordination.

It is the responsibility of both the Participant and Responsible Party to adhere to the rules and regulations of the transportation services and reimburse Senior Concerns for all expended expenses.

VIII. Communications:

SCADP encourages families to communicate with the Program Director or Program Leads if there are any changes in a participant's physical condition, mental status, behaviors, medications, living arrangements, home life, social situation, transportation arrangement and/or any other factors which may affect the participant in their ability to participate or benefit from SCADP's program activities.

We realize that circumstances sometimes interfere with your plans and schedule.

Please call the center at (805) 497-0189 if participant is going to arrive early or late or be picked-up early or late.

IX. Absences:

Please call SCADP at least 24 hours in advance if Participant is unable to attend the program on a scheduled day, to inform the staff and arrange for a make-up day within the month. For those times you do not know in advance, please call as soon as possible. Make-up days need to be scheduled as soon as possible. If no notification is given and a participant does not attend on their scheduled day then no make-up day will be available.

X. Lost and Found:

It is strongly suggested that families keep all valuables including money, jewelry and heirloom items at home and not send them to SCADP with participants. SCADP cannot guarantee against loss or damage. If the participant would like to bring in an item to SCADP to share in an activity, the item should be carefully packaged and marked. Additionally, a call should be made to the Program Director or Program Lead prior to bringing it in, to arrange for safe keeping.

XI. Consent to be photographed and videotaped:

Photographs and videotaping of the program participants are sometime made by the SCADP staff for the bulletin board, craft projects or media with the intention of raising public awareness of Adult Day Programs. It is the policy of Senior Concerns to keep the participants last names confidential in such instances. Please let us know if you or the participant objects to being photographed or videotaped.

XII. Waiver of Liability:

The Participant and/or Responsible Party agrees to hold Senior Concerns, its Board of Directors, employees, agents, affiliated agencies and volunteers harmless from any and all claims for injury or damage to the participant named herein arising from or in any way connected with the participants participation in the activities of the Senior Concerns Adult Day Program.

XIII. Grievance Procedure:

SCADP is committed to providing you and your loved-one quality care. If there are any program-related concerns with staff, activities, food service, facilities or any other concern, please bring your concern to the attention of the SCADP Program Director, Program Leads or Care Manager. If you have made a good faith effort to resolve your grievance with the above mentioned personnel and you are still not satisfied, the Participant and/or Responsible Party may meet with the President of Senior Concerns to act as the final arbitrator. If you are not satisfied with the Center's resolution you have the right to a fair hearing with Community Care Licensing.

XIV. Exit Criteria/Discharge:

The following conditions/behaviors may prevent a participant from attending SCADP or may necessitate a termination of participation:

- SCADP staff determines that the participant's needs cannot be met.
- Participants who have become so incapacitated as to lose the ability to benefit from our services.
- Participants who exhibit behavior which presents a threat to themselves or others.
- Participants with a communicable disease that could, with or without treatment pose a threat to others.
- Responsible Parties repeated failures to pick-up participant before the center closes.
- Participant's account is 30 days or more past due.

SCADP will provide a 2 week notice and assistance in identifying appropriate alternative care for participants should discharge from the program be warranted. Immediate discharge of an individual is allowed when it is determined that the individual's condition has suddenly changed and participation in SCADP is likely to cause danger to self or others. In this case Community Care Licensing will be notified as well.

XV. Billing:

A non-refundable \$75 enrollment fee is required prior to admission to SCADP. An Adult Day Services Fee Schedule signed by the Responsible Party is also required prior to admission. Participants are billed a monthly fee based on the schedule specified in the signed agreement. **The SCADP invoice is generated by the 5th working day of the following month. Payment is due upon receipt.** SCADP encourages automatic credit card payments for on time payments for our services. A late fee of \$25 will be added if payment is not received by the 1st day of the following month. To ensure ongoing participation in the SCADP, on-time payments are required.

SCADP is unable to offer credits for days missed due to holidays, center closure whether planned or due to natural disaster or communicable health outbreaks or when the local health department or emergency personnel advises closure. Note: Our center is closed for legal holidays and staff development days.

XVI. Scholarships:

If a Participant and/or Responsible Party is unable to pay for SCADP, they may apply for a scholarship, if available. After completing an application and all supporting documentation is provided, application will be submitted to the Scholarship Committee for evaluation. Awards are granted on a case by case basis and subject to funding availability.

Exhibit A

Documents required prior to admission to SCADP

1. Participant Information Sheet
2. Emergency Medical Care Authorization and Release of Liability
3. Prescription Update Form
4. Physician's Report, including Tuberculosis Testing (negative skin test, TB blood test (IGRA's) or chest x-ray)
5. Pre-placement Appraisal Information
6. Client Services Information
7. Intake Questionnaire
8. A signed contract indicating the monthly fee for the Participant and Responsible Party
9. Consent to be Photographed and Videotaped and General Release
10. Personal Rights
11. Non Discrimination Policy Notice
12. Meals Benefit Form

Note: Licensing requires that the Caregiver/Responsible party notify SCADP immediately if there are any changes in the participant's condition and/or medications. Medication and Condition Change Forms are available upon request



ADMISSION CONTRACT

- I agree to pay according to the attached schedule.
- Transportation will be coordinated by SCADP and provided by:_____.
- I understand that I will be billed for my agreed upon days on a monthly basis by the 5th of the next month.
- Additional days, services or DAR trips will be added to the monthly statement.
- Payment is due upon receipt.
- Credit Card Payment is available. If you would like to have automatic payment, please fill out a Credit Card Payment form.
- I understand that I will be billed for 2 weeks if no notice is given upon ending participation in the program.

Responsible Party Signature: X_____

Date:_____

1. Please print Name of Participant: _____

2. Please print the Name of the Responsible Party: _____

Please explain relationship of responsible party to participant:

Please send bills to:

Name:_____ Relationship to participant:_____

Address:_____ City_____ Zip_____

Home Phone: (____)_____ Work Phone: (____)_____ Cell Phone: (____)_____

Email Address:_____

In the event of an emergency, we will supply the following documents to Emergency Medical Personnel.

Advance Directive, DNR or POLST provided: Yes No

SCADP Representative Signature: X_____

Print name of SCADP Representative: _____ Date:_____

\$75 enrollment fee collected on: _____ (Date) Initial of SCADP Staff: _____