

509 Amherst St.
Winchester, VA 22601

kdevolites@adultcarecenter.net
www.adultcarecenter.net



Office Phone
(540) 722-2273

Fax Phone
(540) 450-2263

Adult Care Center

Participant and Family Policy and Procedures for Medicaid Recipients

Manual

With Participant Agreement

Our Mission

The Adult Care Center provides quality adult day healthcare for those with conditions impacting memory and independence.

Authorization is required for Medicaid to cover services at the Adult Care Center of the NSV. Please call us to find out what we require for us to obtain that authorization.

ADULT CARE CENTER OF THE NORTHERN SHENANDOAH VALLEY, INC.

HONORARY BOARD MEMBERS

Charles Harris, Diane & Chris Shipe, JJ Smith

BOARD OF DIRECTORS

Linda Shimer, MA CCC-SLP, President; Dr. Rebecca Morrison, Psychologist, Vice-President; Christopher Francis, MSN, Treasurer; Rosalie Lewis, MSN, MS, RN, FCN, Secretary; Ann B. Colson, RN, CCRN, BSN; Katie Harvard; Janet Murphy; Tess Newcome, MS Applied Behavioral Analysis, Jeannie Shiley, NHA, CASP; Varina (Vee) Tavenner; Janna DeArment; Josh Miller; Sherry Riley, RN
Dr. Mariecken Fowler, Neurologist – Consultant to the Adult Care Center

Medicaid Recipient Participant and Family Policy and Procedures Manual

Table of Contents

Scope of Services	page 3
Services to be Provided	page 4
Philosophy	page 5
Goals	page 5
Disclosure of Rights and Required Practices for Individuals Receiving Medicaid Adult Day Health Care Services	pages 6-9
Admission Policy and Criteria	page 10
Appeal Process	page 10
Illness	page 11
Fee Schedule	page 12
Inclement Weather Policy	pages 13
Protocol for Medication Administration	page 14
Participant Rights and Responsibilities	pages 15-17
Participant Agreement	pages 18-19
Discharge Policy	page 19-20
Sign Off (Participant Copy)	page 21
Sign Off (Center Copy)	page 22
HCBS Sign Off (to put in chart)	page 23

Please call us at (540) 722-2273 if you have any questions or concerns.

THANK YOU for selecting the Adult Care Center for the weekday care of your loved one. We believe adult day care promotes independence and allows older adults with cognitive or physical disabilities an opportunity to remain part of the community. We hope this cost-effective approach to long-term care works well to meet your needs. We look forward to a professional and friendly partnership in the care of your loved one.

Scope of Services

1. Day care is available to individuals 18 years of age or older, but primarily for the frail and/or impaired elderly from **7:30 a.m. to 5:30 p.m.** Monday through Friday.
2. The Center is unable to serve those who are physically aggressive, require lying down in order to change briefs or clothing, or whose BMI (Body Mass Index) may too high to be safely assisted by staff.
3. Activities and programs are designed to provide participants with opportunities for developing confidence, self-esteem, self-expression, the sharing of feelings and ideas, creativity, reinforcement of old and development of new skills.
4. Each participant has an individualized plan of care to promote improvement in, maintain, or minimize decline of physical, social, and mental functioning.
5. Morning and afternoon snacks are provided, and a hot meal is served at noon.
6. Assistance with Activities of Daily Living is provided by Center Staff.
7. Participants are monitored for changes in behavior or health status and appropriate contact is made with family and/or medical personnel. Medications to be taken while in the Center are supervised by authorized staff.
8. Support and assistance are provided for participants and/or family members in locating needed services in the community.
9. There shall be at least two staff persons on duty at the Center at all times.

Services to be Provided

The Adult Care Center agrees:

1. To provide personal care (i.e., toileting, associated hygiene).
2. To provide emergency first aid.
3. To provide health monitoring and supervision.
4. To provide a nutritious lunch, and morning and afternoon snacks.
5. To provide therapeutic recreational activities.
6. To provide a personalized plan of care for each participant.
7. To give 30 day notice of any change in fees.
8. To provide feeding assistance as needed.
9. To honor confidentiality.
10. To provide continuous supervision to prevent wandering.
11. To honor and respect the participant at all times.
12. Treat caregivers professionally; cordially and with compassion.

Philosophy

We believe that all persons have a right to quality of life regardless of their age, needs, or limitations. We recognize that every individual has both strengths and weaknesses, physical, social, emotional, and environmental factors that play into one's well-being. We recognize that a positive attitude toward restoration, maintenance, and stimulation of capacities for independence are crucial to quality of life and one's self-image.

Goals

To provide adult care within a safe, supportive environment which will:

1. Promote the participant's maximum level of independence.
2. Maintain the participant's present level of functioning as long as possible, in order to prevent or delay further deterioration.
3. Restore and rehabilitate the individual to his/her highest level of functioning.
4. Provide support, respite, and education for families and other caregivers.
5. Foster socialization and peer interaction.
6. Serve as an integral part of the community service network and the long-term care continuum.

ADULT CARE CENTER OF THE NORTHERN SHENANDOAH VALLEY, INC.

POLICY: Disclosure of Rights and Required Practices for Individuals Receiving Medicaid Adult Day Health Care Services.

Generals Rights

Home and Community- Based Services HCBS) Waivers provide Virginians enrolled in Medicaid long-term services and supports the option to receive community services instead of nursing facility placement. Per federal regulations (42 CFR 441.301), individuals enrolled in long-term services and supports waivers are permitted certain rights. For individuals receiving Medicaid Adult Day Health Care (ADHC) services, the ADHC must:

- Be integrated in and supports full access to the Greater Community
- Ensure an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint
- Optimize, but does not regiment, individual initiative, autonomy, and independence in making life choices. Including but not limited to, daily activities, physical environment, and with whom to interact.
- Optimize, but does not regiment, individual initiative, autonomy, and independence in making life choices. Including but not limited to, daily activities, physical environment, and with whom to interact.

To comply with federal regulations, and to consistently offer optimal care to all participants, the Adult Care Center will:

INTEGRATION IN THE COMMUNITY:

- Offer opportunity, to the greatest extent possible, for off-site activities such as seasonal parties and social events, outdoor activities including music therapy sessions, and small group and/or one-on-one walks downtown, etc., allowing participants opportunity for social interaction within the community.
- Keep current a bulletin board at the Center's entrance with announcements pertaining to community events and social opportunities for clients and their families to enjoy.
- Assist family, to the extent possible, in the coordination of specific off-site services for clients (i.e., preparing to leave for medical appointment, hairdresser appointment, etc.)
- Maintain subscription to a local daily newspaper specific for client use. Highlight current community events daily.

RIGHTS OF PRIVACY, DIGNITY, AND RESPECT, FREEDOM FROM COERCION AND RESTRAINT:

- Provide Rights upon admission to the Adult Care Center
- Post Rights in a conspicuous location within the Center, including a phone number to call Medicaid office should a complaint not be resolved at the Center.
- Assure initial staff training in Participant Rights and provide annual training update.

These Rights include:

- a. A right to be fully informed of rights and responsibilities upon admission
- b. A right to written acknowledgement of being informed of rights.
- c. The right to be treated with dignity, respect and courtesy by all Adult Care Center Personnel and Volunteers each day; all day.
- d. The right for personal belongings to be handled with care.
- e. The right to privacy during personal care
- f. The right to an initial in-depth assessment, and the right to participate in your plan of care.
- g. The right to be informed in advance of all care that will be provided, and of any changes in your care. The right to be encouraged and supported in achieving the highest level of independence.
- h. The right to confidentiality in all matters, including personal health, social circumstance, and financial situation.
- i. The right to choose if information is shared with other service providing organizations.
- j. The right to privacy from media – social or otherwise – without signed consent from participant and/or client representative.
- k. The right to voice a grievance, and the right to a response regarding the grievance.
- l. The right to be free from harm, or fear of harm, including physical or chemical restraint, isolation, excessive medication, and abuse or neglect.
- m. The right to be protected from solicitation, harassment, and unwanted visitors.
- n. The right to not be abused, exploited, punished, coerced, or threatened in any way.

- o. The right to a clean, adequately staffed facility.
- p. The right to thrive, enjoy, and benefit from adult day health care services.

INDIVIDUAL CHOICE, AUTONOMY, INDEPENDENCE

The Adult Care Center will, to the greatest extent possible:

- a) Encourage independence for all Adult Care Center participants.
- b) Allow for personal choice regarding where to sit, what activities to participate in, and with whom to engage in conversation.
- c) Allow for choice of who provides personal care.
- d) Allow for choice of meal. The Adult Care Center caters with a professional Chef who provides a nutritious meal daily. If the participant does not want this meal, an alternative sandwich will be offered. Families are supported in also bringing a meal from home that may be served cold, or heated for the participant meal. A menu for the entire month is distributed at the beginning of the month to each participant/family representative, and is also posted upon entry to the Center.
- e) Allow for choice to participate, or not, in Center activities.
- f) Provide alternatives to scheduled activities allowing choice and decision-making in day-to-day participation.
- g) Update Plans of Care to reflect choice and personal preference.

These Rights and Required Practices will be posted in a conspicuous location at Center.

Additional Rights and Responsibilities for Medicaid Recipients only:

The Department of Medical Assistance Services (Medicaid) pays the Adult Care Center of the Northern Shenandoah Valley to provide Adult Day Health Care support to eligible clients. If clients have a problem with these services, client or representative, should contact the Center Director at 540-722-2273.

If Adult Care Center of the Northern Shenandoah Valley, Inc., staff are unable, or unwilling, to help you resolve the problem, the client/representative may contact DMAS Helpline by calling: 1-800-552-8627 or by mail at:

DMAS

Office of Community Living

600 East Broad Street, Suite 1300

Richmond, VA 23219

You may also contact your Health Plan Care Coordinator to assist you.

DMAS may terminate a provider from participating upon a 30 days' written notification prior to effective date. Such action precludes further payment by DMAS for services provided to individuals after the date specified in the termination notice.

The Additional Rights and Responsibilities for Medicaid Recipients only, including DMAS phone number and mailing address, will be posted in a conspicuous location at the Center.

Admission Policy

Admission of applicants is based on an individualized evaluation process, which includes assessment of the home environment and coordination with other involved professionals and agencies.

Admission policies and requirements shall be discussed with each person (and/or caregiver/guardian) entering the program. A copy of the admission policy will be provided.

Only those people whose needs can be met by the Center's program shall be admitted to the Adult Care Center. If space is not available for current enrollment, the applicant shall be placed on a waiting list.

Admission Criteria

The following factors are considered when determining eligibility and appropriateness for admission to the Adult Care Center:

1. Age (at least 18 years of age, with priority given to older adults).
2. General health status (i.e., the Physician's Report Form has been signed within 30 days, indicating that the potential participant's health is suitable for the programs at the Center).
3. TB screening (must be negative).
4. ADL (Activities of Daily Living) status.
5. Hours of service needed.
6. **Availability of 2 (minimum) emergency contacts that can pick up your loved one if needed, within 30 minutes if you are unavailable.**
7. Medical doctor or regular source of health care.
8. Family ability to provide for transportation of participant.

Appeal Process

Families or caregivers wishing to appeal a Center-initiated discharge may take their appeal to the Executive Committee of the Adult Care Center Board of Directors. The Executive Committee's decision will be final.

Illness

- A. If a participant arrives at the center with the signs and symptoms listed in subsection B of this section, the participant shall not be allowed to attend until the symptoms no longer exist.
- B. The participant shall be excluded if he/she has:
 - A temperature over 100° F;
 - Recurrent vomiting or diarrhea;
 - An upper respiratory infection; or
 - Any other communicable disease.
- C. If a participant develops signs or symptoms listed in subsection B of this section during the day, the following shall apply:
 - He/she shall be separated from all other participants in care;
 - The appropriate family member or personal representative shall be notified immediately in order to make arrangements for the participant to leave the center as soon as possible;
 - The ill participant shall be checked every 15 minutes, or more often if circumstances indicate, until he leaves the center; and
 - The details of the illness and action taken shall be documented in the participant's record.

Adult Care Center Fee Schedule

Upon approval, Medicaid recipients are not charged any out-of-pocket costs unless it is determined by the Department of Social Services that the individual has a patient pay, out of pocket amount. Should that be determined, you agree that the amount determined by Department of Social Services that Medicaid does not cover is payable to the Adult Care Center of the Northern Shenandoah Valley monthly and agree to pay in full before the 15th of each month. All other service fees are billed directly to the chosen managed care organization by the Center.

We highly recommend you speak with your loved one's social worker at the Department of Social Services about the possibility of a patient pay before applying for our services.

There is no assessment fee charged.

Medicaid recipients must be present at the Center for a minimum of six (6) hours per scheduled day.

Inclement Weather Policy

The Adult Care Center will decide whether to close the Center due to inclement weather in the event of snow, ice, or flooding.

The most reliable means of information is to call the Center's telephone number, **722-2273**, and listen for a voice mail recording regarding whether the Center will be closed or if there is a delay in opening.

If the Center closes for the full day, Center participants will be credited for that day.

If the Center is open and participants do not attend, there will be no credit or refund.

To Obtain closing or delayed opening information:

- Check your phone for a group text message
- Call the Center number at 540-722-2273 and listen to the voicemail
- Check our facebook page.

Early Closing Due to Inclement Weather

When the Center is open and weather conditions become worse during the day, the Director or staff person in charge will determine the safety of participants and working staff in returning home late in the afternoon. In the event of an early closing, the family member or responsible party will be contacted to arrange an early pickup. No refunds or credit will be given for early departure due to inclement weather.

****The Center does NOT follow the school system when deciding to open, close, or delay opening.****

Protocol for Medication Administration

Self-Medication by Participants

It is the Center's policy that participants do not administer their own medications while in the Center. This policy is for the protection of other participants who might accidentally ingest another's medication, as well as the need for staff to be able to accurately monitor any potential adverse reaction to the medication.

Staff Administration of Medications

Only the nurse or staff members certified in medication administration shall be allowed to administer medications. Written authorization must be obtained from the prescribing physician for medication to be administered by Center Staff. A copy of all physicians' authorizations shall be kept in the participants' record for as long as they are in effect. All medications shall be in the original container with the prescription label affixed. Medication administration sheets, established as part of the Individualized Plan of Care (IPC), will be the permanent record of medication administration. The authorized staff administering medications must check this sheet for the correct name, time and medication. Each time a medication is administered, the day, name of the participant, name(s) of drug(s) or prescription number, time administered, name of person administering, and any adverse/unusual reaction that occurs must be documented and signed by the person administering the medication. This record shall be retained at the Center for one year.

Should a question or a discrepancy occur:

1. Check the participant's record for verification of correct order.
2. Consult with another authorized staff who administers medication and call the RN if any question remains.
3. Call the family for clarification if necessary.
4. Call the prescribing physician if necessary.

If a new physician's order has been issued, a change in medication form will be sent to the physician requesting authorization to administer the medication. The signed form will be kept in the participant's file.

All medication must be kept in a locked container in a designated room. Medications shall be kept in a darkened area, free from dampness and high temperatures and refrigerated if required. The area in which the medication is administered shall have sufficient light so that the labels can be read and the correct dosage can be clearly determined.

RIGHTS AND RESPONSIBILITIES OF PARTICIPANTS IN ADULT DAY CARE CENTERS

A. All participants shall be guaranteed the following:

- 1. The right to be treated as an adult, with consideration, respect, and dignity, including privacy in treatment and care of personal needs.**
- 2. The right to participate in a program of services and activities designed to interest and engage the participant and encourage independence, learning, growth, awareness, and joy in life.**
- 3. The right to self-determination within the center setting, including the opportunity to:**
 - a. Participate in developing or changing one's plan of care;**
 - b. Decide whether or not to participate in any given activity;**
 - c. Be involved to the extent possible in program planning and operation;**
 - d. Refuse treatment and be informed of the consequences of such refusal;
and**
 - e. End participation at the center at any time.**
- 4. The right to a thorough initial assessment, development of an individualized participant plan of care, and a determination of the required care needs and necessary services.**
- 5. The right to be cared for in an atmosphere of sincere interest and concern in which needed support and services are provided.**
- 6. The right to a safe, secure, and clean environment.**

- 7. The right to receive nourishment and assistance with meals as necessary to maximize functional abilities and quality and enjoyment of life.**
 - 8. The right to confidentiality and the guarantee that no personal or medical information or photographs will be released to persons not authorized under law to receive it without the participant's written consent.**
 - 9. The right to voice or file grievances about care or treatment and to make recommendations for changes in the policies and services of the center, without coercion, discrimination, threats, or reprisal for having voiced or filed such grievances or recommendations.**
 - 10. The right to be fully informed, as documented by the participant's written acknowledgment, of all participant rights and responsibilities and of all rules and regulations regarding participant conduct and responsibilities.**
 - 11. The right to be free from harm or fear of harm, including physical or chemical restraint, isolation, excessive medication, and abuse or neglect.**
 - 12. The right to be fully informed, at the time of acceptance into the program, of services and activities available and related charges.**
 - 13. The right to communicate with others and be understood by them to the extent of the participant's capability.**
- B. The rights of participants shall be printed in at least 14-point type and posted conspicuously in a public place in the center.**
- C. The center shall make its policies and procedures available and accessible to participants, relatives, agencies, and the general public.**
- D. Each center shall post the name and telephone number of the appropriate regional licensing administrator of the department; the Adult Protective Services toll-free telephone number; the toll-free telephone number of the Virginia Long-Term Care Ombudsman Program and any local ombudsman**

program servicing the area; and the toll-free telephone number of the disAbility Law Center of Virginia.

- E. The rights and responsibilities of participants shall be reviewed annually with each participant, or, if a participant is unable to fully understand and exercise his rights and responsibilities, the annual review shall include his family member or his legal representative. Evidence of this review shall include the date of the review and the signature of the participant, family member, or legal representative and shall be included in the participant's file.
- F. A participant shall be assumed capable of understanding and exercising these rights and responsibilities unless a physician determines otherwise and documentation is contained in the participant's record.

In Case of Questions or Concerns, You May Call:

Regional Licensing Administrator Name: Sharae Henderson

Phone: (804) 629-3479

Toll-Free Number for the Virginia Long-Term Care Ombudsman: 1-800-552-3402

Local Ombudsman serving ADCC locality: _____

Adult Protective Services: 1-888-832-3858

disAbility Law Center of Virginia: 1-800-552-3962

Participant Agreement

In order to receive services, I agree to the following:

1. To indicate a regular schedule of attendance upon being admitted into the Adult Care Center program. I agree for a minimum of 2 days per week.
2. To notify the Center Nurse of any changes in medications, diet, health status, therapies, or private physician.
3. To notify the Center if I will not attend on a scheduled day.
4. To notify the Center 2 weeks in advance of vacations.
5. To provide 2 weeks' notice when withdrawing family members from the program.
6. If I know that I will be late in picking up a participant, I will notify the Center staff of my delay. Three late pick-ups within a six-month period will result in discharge from the Center.
7. To adhere to the Center's discharge policy. If a clearly unsafe situation exists, one that puts the participant and/or other people in jeopardy, such a situation may warrant an immediate discharge.

Initials _____

Discharge Policy

The discharge plan is based on regular assessment of the participant's progress or condition. Caregivers and the participant are included in discharge planning. After a discharge date is established, a letter of termination is sent to the caregiver involved. It shall consist of a discharge summary and post-discharge goals recommended for continuing care.

If requested by the participant or responsible person, Center staff shall assist with the transition from adult day care to other appropriate programs/services, such as counseling or arranging a visit to the other programs or preparing a transfer report to the new program.

The following situations or conditions may be cause for discharge:

- a. Condition improves and the participant is no longer in need of day care services.
- b. Condition deteriorates (i.e., requiring more than 1:1 care, needs cannot be safely met due to physical/mental changes).
- c. Condition requires continuous 1:1 care.
- d. Participant is admitted to a nursing home/hospital.
- e. Participant moves out of the area (temporarily or permanently, depending on the length of absence).
- f. Death
- g. Disruptive behavior that requires physical intervention or restraint to prevent injury to self or staff. The staff may request that the participant stays home and seeks medical advice until the participant can be reintroduced into the program.
- h. Persons whose families or care persons are unable or unwilling to cooperate with any established Center policy; i.e., not arriving on time at day's end.
- i. Other conditions or situations which, in the judgment of Center staff, indicate that the participant's needs can no longer be met by the program of care.
- j. Upon discharge, the Center will discuss community resources with the family to help address services needed.

- k. To provide 2 emergency contacts with current, working phone numbers.

The Adult Care Center agrees to provide the following services:

1. To provide personal care (i.e., toileting, associated hygiene)
2. To provide emergency first aid
3. To provide health monitoring and supervision
4. To provide a nutritious lunch, and morning and afternoon snacks
5. To provide therapeutic recreational activities
6. To provide a personalized plan of care for each participant
7. To give 30-day notice of any change in fees
8. To provide feeding assistance as needed
9. To honor confidentiality
10. To provide continuous supervision to prevent wandering
11. To honor and respect the participant at all times
12. Treat caregivers professionally; cordially and with compassion

Initials_____

Adult Care Center of the Northern Shenandoah Valley, Inc.
509 Amherst St.
Winchester, VA 22601
(540) 722-2273

I have received copies of the admission policies, services to be provided, conditions for discharge, financial arrangements, and my rights. I understand them and comply with them. I also understand that only those people whose needs can be met by the Center's program shall be admitted to the Center.

I certify that the information I am giving is correct.

I give the Center permission to contact my physician and others involved with my care in order to obtain or give information necessary to the care of this participant. I understand that all information on this assessment form and received from other sources will be kept confidential.

Applicant's Signature

Date

Participant's Representative

Date

Witness (Center Interviewer)

Date

Adult Care Center of the Northern Shenandoah Valley, Inc.
509 Amherst St.
Winchester, VA 22601
(540) 722-2273

I have received copies of the admission policies, services to be provided, conditions for discharge, financial arrangements, and my rights. I understand them and comply with them. I also understand that only those people whose needs can be met by the Center's program shall be admitted to the Center.

I certify that the information I am giving is correct.

I give the Center permission to contact my physician and others involved with my care in order to obtain or give information necessary to the care of this participant. I understand that all information on this assessment form and received from other sources will be kept confidential.

Applicant's Signature	Date
-----------------------	------

Date

Participant's Representative	Date
------------------------------	------

Date _____

Witness (Center Interviewer)	Date
------------------------------	------

Date



Disclosure of Rights and Required Practices for Individuals

Receiving Medicaid HCBS Waiver Supports

I hereby acknowledge that on _____, the Adult Care Center of the NSV, Inc. shared information with me about the Medicaid Home and Community Based Services (HCBS) settings and my rights as an individual receiving Medicaid HCBS.

_____	_____
Participant Signature	Date

_____	_____
Family/Representative	Date

_____	_____
Adult Care Center of the NSV, Inc. Representative	Date

_____	_____
Participant Name	Medicaid Number

Disclosure of HCBS Rights will be completed annually.