



George G. Glenner Alzheimer's Family Centers, Inc.® (GGG AFC)

Policy and Procedure Manual

CHAPTER 4 - ELIGIBILITY, ENROLLMENT AND DISCHARGE

4.1 General Principles

The Adult Day Program (ADP) and Adult Day Health Care (ADHC) provider will not discriminate against any person applying to become a participant in the program because of race, color, creed, gender, sex, religion, marital status, registered domestic partner status, age, national origin or ancestry, physical or mental disability, sexual orientation, military or veteran status, medical condition including genetic characteristics, or any other protected status recognized by federal, state or local laws. The ADP or ADHC Provider agrees to comply with Section 504 of the Rehabilitation Act of 1973 and Title VI of the Civil Rights Act of 1964.

Participation in the ADP or ADHC program is based on the following general guidelines:

- Maintenance of the impaired person in the community as long as medically, socially and economically feasible.
- Avoidance of premature institutionalization.
- Rehabilitation of the participant to the maximum extent possible with the medical, therapeutic and support services provided.
- Maintenance of the optimum level of functioning.

4.2 Eligibility Criteria

4.2.1 Adult Day Health Care

- Existence of a medical condition that requires treatment or rehabilitation.
- Existence of mental or physical impairments which handicap activities of daily living but are not of such a serious nature as to require 24-hour institutional care.
- Reasonable expectation that preventative service will maintain or improve the present level of functioning.
- High potential for further deterioration and probable institutionalization if participant does not attend ADHC.

- Ability to be involved in therapy and/or program activities, including transportation, during center program hours.
- Residence within the center's service area. Exceptions to this may be granted by the licensing branch in instances where the center meets the special needs of the participant.
- Existence of a personal physician who will retain primary responsibility for the care of the participant. The center social worker will assist applicants in obtaining a personal physician if necessary.

All Medi-Cal beneficiaries are required to have prior authorization before they can attend the CBAS/ADHC center. If the Social Worker can identify, through the Automated Eligibility Verification System (AEVS), that the participant has Community Based Adult Services/Adult Day Health Care services as a benefit the Center will facilitate approval through their respective Managed Health Care Plan (MHCP). Authorization is obtained by completing the Treatment Authorization Request (TAR) for each participant who is a Medi-Cal beneficiary. The social worker submits the TAR and the Individual Plan of Care (IPC) to the MHCP for review and approval. On the first of each subsequent month the site Social Worker or designee will confirm participants continued eligibility in the Medi-Cal program and determine if any changes, such as termination or Share of Cost are noted. This information will be reported on the center x-sheets.

4.2.2 Adult Day Program

- Participant is 60 years or older and will benefit from attendance in the ADP.
- Ability to be involved in the program and fit in behaviorally.
- Absence of any communicable diseases.
- Personal physician is aware and approves participant's attendance in the ADP.
- Participant will have no restricted health conditions as defined in Title 22, Section 82092.

4.3 Ineligibility

- Individuals who are acutely psychotic.
- Individuals who have acute alcohol or drug abuse problems.
- Individuals who are disruptive and cannot be managed, consequently they threaten the safety and well being of themselves and/or others.
- Individuals who are bedridden or require care and/or services not offered by the ADP/ADHC center.
- Individuals who are so debilitated that the staff are unable to provide adequate care.
- Individuals who are without sufficient stamina to participate and benefit from the center during program hours.

4.4 Referral

A referral is received and screened by the Program Director or Social Worker. The above-named staff contacts the individual based on the

information received and either approves the applicant for assessment to enroll in the ADP/ADHC or refers applicant to other more appropriate community services.

4.5 Initial Screening

The Program Director or Social Worker faxes the Physicians Report to the participant's personal physician for approval to enroll in adult day or day health care program. If the participant or responsible party prefers, they may take Physician's Report directly to their physician for completion. Request for services will then go to the MHCP. Upon receipt of the authorization to the Program Director or Social Worker the assessment process may begin.

The Program Director or Social Worker informs the applicant and/or responsible party that initial documents have been received and the assessment process will begin. The applicant and caregiver will be scheduled for the initial assessment day(s) with the multidisciplinary team and also a face-to-face assessment with the MHCP.

4.6 Assessment

4.6.1 Multidisciplinary Team

Adult Day Health Care

The Community Based Adult Services/Adult Day Health Care assessment is a 3 day process which provides the multidisciplinary team ample time to complete a thorough assessment of the individual. The team is composed of the staff Physician, Registered Nurse, Social Worker, Program Director, Physical and Occupational Therapists, Dietician and Activity Coordinator. If needed, the Speech Therapist will also conduct an assessment.

Adult Day Program

The Adult Day Program assessment is completed in 1-2 days. The multidisciplinary team for the assessment process is composed of the personal Physician, Program Director, Registered Nurse and Activity Coordinator.

4.6.2 Assessment - Community Based Adult Services/Adult Day Health Care Program

Physician's Report

A report of the individual's physical examination and medical history. The Physician's Report will indicate evidence of a negative tuberculosis screening and appropriateness for day care services.

Psychosocial Assessment

Identifies variables that either impede or facilitate health care progress. The goal of psychosocial assessment and subsequent

social work intervention is to assist the participant in reaching the maximum benefit from the Adult Day Health Care program.

Home Environment Assessment

As part of the initial assessment the social worker will complete an assessment of the home environment based on a home visit conducted during the assessment period. The assessment will include:

Living arrangements.

- Relationships with family or other persons/significant others residing in the home or otherwise involved with the applicant.
- Facilities available such as heat, bath, shower, toilet, stove, refrigerator, air conditioning, assistive devices (e.g., toilet railings, grab bars) and security devices.
- The existence of any environmental barriers, such as stairs or other features which are not currently negotiable by the applicant or may shortly become barriers to the applicant's access to the home or facilities within the home.
- The applicant's access from the home to transportation, shopping, church, medical care, and recreation or other needs.

Nursing Assessment

A comprehensive medical assessment that includes vital signs, history of: cardiovascular, respiratory, head and neck, neurosensory, gastrointestinal, genitor-urinary, daily activities, vision, hearing, mobility, eating and dressing habits, and sleeping patterns. Additionally, the Registered Nurse assesses each participant's continence and toileting abilities first through a review of the Patient Inquiry, the Functional Assessment and the Emergency Medical Information forms. These forms include specific toileting needs and abilities so that a complete assessment of continence can be obtained.

Activities Needs and Interests Assessment

Provides the activity department with a foundation for developing an activity program that will engage and interest the participant. This assessment identifies family and occupational history, areas of interest, activities engaged in, and communication and socialization skills.

Physical Therapy Assessment

Conducted to assess muscle, nerve joint and functional ability tests and develop a treatment plan of skilled or maintenance therapy.

Occupational Therapy Assessment

Conducted to assess ability of the participant for self care such as: bathing, dressing, grooming, hygiene, eating, transportation, homemaking skills. Components of the participant's mental, physical and psychosocial performance are also assessed.

Speech Therapy Assessment

Completed upon recommendation by the participant's personal physician or if the team determines that an assessment by a speech therapist is necessary, based on the team assessment. The center's consulting speech therapist is contacted and an assessment is scheduled.

Registered Dietician Assessment

Completed upon recommendation by the participant's personal physician or if the team determines that an assessment by a dietitian is necessary, based on the team assessment. The center's consulting dietitian is contacted and an assessment is scheduled.

Psychiatric/Psychological Assessment

The social worker determines the need for a psychiatric/psychological assessment, based on:

- The participant's diagnoses or medical history, which indicates a mental, emotional or behavioral problem(s)
- Information from the participant's family, which indicates that mental, emotional or behavioral problems may exist
- The completed psychosocial assessment that indicates apparent mental, emotional or behavioral problems that may exist
- Observation by the center staff, which indicates the need for an assessment
- If an assessment is determined to be necessary, a referral is made to the center's psychiatric/psychological consultant and an assessment is scheduled. The consultant completes the assessment, using their own Psychiatric/Psychological Assessment form and any other relevant tests.

Folstein Mini Mental Status Exam (MMSE)

A brief 30-point questionnaire test that is used to screen for cognitive impairment. It is used to estimate the severity of

cognitive impairment at a given point in time and to follow the course of cognitive changes in an individual over time.

Functional Assessment

Used for assessing a participant's ability to perform intermediate complexity functions independently also known as Instrumental Activities of Daily Living (IADL)) and their ability to perform basic functions independently also know as Activities of Daily Living (ADL's).

(All of the above forms are found in Appendix C.)

4.6.3 Assessment - Adult Day Program

- Physician's Report
- Participant Profile Social History
- Emergency Medical Information
- Mini-Mental Status Exam

(All of the above forms are found in Appendix C).

4.6.4 Multi Disciplinary Team Meeting

Once the team members have completed their initial assessments, a meeting is held to:

- Ascertain the applicant's pathological diagnosis, physical disabilities, functional abilities, and psychological status, social and emotional environment.
- Evaluate the applicant to determine if he or she is an appropriate candidate for the ADP/ADHC program and either accept or reject the applicant. At this time, the team may also make a determination that a participant who was originally assessed for either ADP or ADHC may be appropriate for the other level of care and take the appropriate steps to assess for that level of care.
- If accepted for either the ADP or ADHC program, the team will develop an Individual Plan of Care, which includes specific and measurable problems, treatments, and objectives.

The Program Director acts as the chairperson and presides over the team meetings. Each member of the team is expected to present the assessment findings, any additional information, which may be pertinent, a proposed treatment plan based on the assessment, and his or her recommendation regarding accepting the applicant for enrollment at the ADP/ADHC program. If the team is unable to agree, the Program Director makes the final determination.

4.7 Enrollment

Based on the comprehensive assessment from the multidisciplinary team a determination is made by the team to accept/deny enrollment of the participant in either the ADP or ADHC program. Upon acceptance a Care Plan is created. In addition to the Care Plan, all assessment documents will be included in the participant health record.

4.7.1 Care Plan for Adult Day Health Care (ADHC)

Contents

The Care Plan form for ADHC participants shall be signed by each member of the team, including the personal physician or staff physician and shall include:

- Medical Diagnoses
- Specific problems (not diagnosis), which include a measurable starting point that center staff will be treating over the next six months.
- Specific type, number of units and frequency of each treatment, related to each problem identified.
- Specific measurable objectives for each problem and treatment(s).
- An individual activity plan designed to meet the needs of the participant for social and therapeutic recreational activities, including participation in specific group activities.
- Therapy (special) diet requirements, dietary counseling and education, if indicated.

4.7.2 Care Plan for Adult Day Program (ADP)

Contents

The Care Plan for ADP participants, titled Appraisal/Needs and Services Plan, will be completed for each ADP participant and will include:

- The participant's name, date of birth, age, sex, and date he/she started the program.
- The facility name, license number, address and telephone number.
- The name of the caregiver or responsible party.
- A brief background on the participant regarding his/her personal history, medical history and diagnosis, emotional/behavioral and physical problems, functional limitations, functional capacity, ability to perform Activities of Daily Living.
- The specific problem(s)/need(s) in the areas on the form which include: socialization, emotional, mental, physical health, and functioning skills.
- The specific and measurable objectives/plan for each problem/need listed.

- The specific time frame to accomplish each objective/plan.
- The person responsible for implementation and method of evaluation.

4.7.3 Additional Enrollment Documents

The following additional enrollment information will be placed in the participant health record with the Care Plan:

- Treatment Authorization Request (TAR)
- Emergency Sheet (Pink Sheet)
- Participation Agreement
- Participant Rights
- Grievance Policy and Procedure
- Consent for Medical Treatment
- PRN Treatment
- Medication Policy
- Privacy Practices
- Media Authorization
- TB Permission
- HIV/AIDS Fact Sheet
- Copy of Medi-Cal card and MHCP card (if applicable)
- Copy of VA paperwork (if applicable)
- Durable Power of Attorney for Health Care
- Durable Power of Attorney for Finances
- Photograph of the participant
- Transportation information

Although not required for enrollment, as part of the enrollment process, we provide our caregivers (Responsible Party) with the opportunity to complete the following two documents to assess their level of stress and burden. These tools are used to help identify areas of concern and then connect the caregiver to additional community resources.

- Beck Depression Inventory (Caregiver Only)
- Caregiver Stress Interview (Zarit Burden Instrument) (Caregiver Only)
(All forms mentioned in section 4.7 are located in Appendix C.)

4.8 Discharge

Participation in the ADP/ADHC program is voluntary. The participant or participant's caregiver may terminate services at any time.

The GGG AFC will provide a minimum of two weeks written notice prior to discharge with the exception of those individuals who are deemed harmful to self or others, which may require an immediate discharge to protect the safety of the other center participants and staff. All applicable licensing agencies (Community Care Licensing (CCL), California Department of Aging (CDA) and Department of Health Services (DHS) will be notified in writing of all discharges. Additionally, all participants and their caregivers will receive assistance with referrals to community agencies to assist with

further care options (i.e., Hospice, In-Home providers, placement alternatives, etc.)

A plan for discharge for each ADHC participant, based on the initial assessments, is completed at the time of enrollment and signed by the Social Worker. The discharge plan includes specific program referrals for the participant should he/she be discharged from the ADHC program. This plan is placed in the participant's health record and shall be reviewed at each subsequent reassessment (every 6 months).

4.9 Mandatory Discharge

1.9.1 Adult Day Health Care Participants

Discharge shall be mandatory from the ADHC center when:

- The participant or family notifies the center either orally or in writing of the intent to discontinue participation in the program.
- The participant or the participant's family requests discharge from the Department of Public Health and/or the Department of Aging either orally or in writing.
- The participant moves out of the service area permanently.
- The participant dies.
- Maximum benefit has been achieved and there is no further need for Adult Day Health Care services.
- The participant is unable or unwilling to use the prescribed services and adult day health center staff has made every effort to remove possible obstacles.
- The participant constitutes a threat to the health and/or safety of other participants and/or staff at the ADHC center.

For Section 4.9.1, Subsection (a) and (b) above, if the date of termination of ADHC services is prior to the date recommended by the multidisciplinary team, the participant's personal physician, and the participant's family and/or authorized representatives, if any, center staff will document the discussion(s) in the participant's health record. If the multidisciplinary team has found the participant's condition to be of such a serious nature that continued treatment is essential to prevent institutionalization, the participant shall be informed in writing that termination is counter to the participant's best interest. A copy of the letter will be sent to the participant's personal physician and to the Department of Aging and the California Department of Public Health, and a copy will be placed in the participant's health record. For Section 4.9.1, Subsection (g) above, the date of discharge will be the first business day after the last day services were provided.

4.9.2 Adult Day Program Participant

Discharge shall be mandatory from the ADP center when:

- The participant or family notifies the center either orally or in writing of the intent to discontinue participation in the program.
- The participant moves out of the service area permanently.
- The participant dies.
- The participant has made the maximum use of the services and there is not further indication that ADP services will benefit the individual.
- The participant constitutes a threat to the health and/or safety of other participants and/or staff at the ADP.
- A participant has a 30 day or more overdue bill for services charged at the agreed upon rate and refuses to make arrangements for payment.
- The center is unable to provide the services the participant needs/requires at the level of care required.

4.10 Discharge Process

4.10.1 Adult Day Health Care

- When indicated, referral of participants shall be made to outside resources by the multidisciplinary team or by the Social Worker. Each referral shall be documented in the participant's health record.
- If recommended by the multidisciplinary team, a personal phone call or home visit shall be made by the Social Worker prior to discharge and will be documented in the participant's health record.
- Consultation shall be made available to the participant and/or the participant's family prior to discharge. This consultation shall be documented in the participant's health record.
- Documentation of the reason for and the date of discharge will be placed in the participant's health record. The participant's personal physician will be notified by the Program Director or Social Worker of his/her discharge.
- The California Department of Public Health and the California Department of Aging shall be notified in writing of the discharge within five working days.

4.10.2 Adult Day Program

- When indicated, referral of participants shall be made to outside resources by the multidisciplinary team or Program Director.
- Documentation of the reason for the date of discharge will be placed in the participant's health record.