

**PRNC
Adult Day Health Center
ADMISSION AGREEMENT**

The PRNC Adult Day Services Program, hereinafter referred to as the Program and, hereinafter referred to the member, agree to the following:

1. RESPONSIBILITIES OF PROGRAM

- a. Services included in the basic rate:
 - i. The program shall provide the Basic Services listed below in the basic daily rate:
 - 1. Interdisciplinary care planning.
 - 2. Nursing evaluation, nursing care and supervision, as indicated.
 - 3. Assistance and supervision of activities of daily living per
 - a. member care plan.
 - b. Individual social services consultation and referrals to local agencies, as indicated.
 - c. Case Management including health education.
 - d. The use of all equipment and modalities usually used in the every day care of the member.
 - e. Periodic review of member's drug regimen.
 - f. Nutritional consultation and monitoring, as indicated.
 - g. A well-balanced, nutritional meal, including a modified diet, as ordered by the registrant's physician and snacks will be provided to the registrant when on the premises at suitable times.
 - h. Participation in all therapeutic, social-recreational activities per members care plan.
 - i. Religious services and arrangements for religious counseling upon request.

4. Transportation arrangements as approved by the Program Director.
5. Assistance in arranging inpatient or other services when the program is no longer suitable.

b. Additional Services Available

- i. Additional services will be arranged following the authorization of the member's physician. These services are not included in the program's private daily rate.
 1. Physical Therapy
 2. Occupational Therapy
 3. Speech Therapy
 4. Pharmaceutical Therapy
 5. Laboratory, X-Ray and Other Diagnostic and Supportive Services
 6. Podiatric Services
 7. Any outside medical consultation including, but not limited to, physicians and therapists
 8. Non-routine equipment and supplies provided for regular and sole use of the member

2. RESPONSIBILITIES OF REGISTRANT

- a. The registrant agrees or acknowledges the following:
 - i. That admission to the Program can only be made after the registrant's personal physician has provided for a medical history including necessary supportive diagnostic laboratory and x-ray services and a physical examination within six (6) weeks before, to one (1) week after admission to the Program is performed.
 - ii. A physician's visit at the registrant's personal physician's office, or other appropriate site, at least annually and at such frequent intervals as are indicated in the physician's plan of care or as medically necessary and the costs of such physicians visits are the financial responsibility of the member.
 - iii. If or when the registrant's personal physician is not available, the Program shall be authorized to arrange for another physician to visit the member after thirty (30) days beyond examination due date and, where appropriate, report the incident to the Program Medical Director; the member agrees to pay the cost of such physician visit.
 - iv. To report changes in the registrant's condition.
 - v. To follow the treatment plan recommended by the practitioner primarily responsible for his/her care, including following instructions of nurses and

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health professionals as they carry out the coordinated plan of care and implementation of the responsible practitioner's orders, and as they enforce the applicable Program rules and regulations.

- vi. To adhere to all applicable Program rules and regulations.
- vii. To accept responsibility for his/her actions if he/she refuses treatment or does not follow the practitioner's instructions.
- viii. That the program may decide to terminate the registrant services should the member become inappropriate for the program. The registrant will be notified of this decision at least two weeks in advance and will be given the opportunity to participate in such discussion.
- ix. The member will furnish all personal articles as needed and provide clothing as necessary.
- x. The registrant will provide all necessary spending money for personal reasons, i.e. field trips.

3. HOURS OF SERVICE

- a. Program services will be available Monday through Friday. The program will be closed on the following legal holidays:
 - New Years Day
 - Good Friday
 - Memorial Day
 - Independence Day
 - Labor Day
 - Thanksgiving Day
 - Christmas Day

The Program reserves the right to cancel or modify sessions based on weather conditions.

4. NOTICE OF ATTENDANCE

If a registrant can not attend the program on a scheduled date, the registrant/caregiver is required to notify the program either the day before or by

7:00 am on the scheduled day.

5. PROGRAM RESTRICTIONS

The program shall retain only those registrants for whom it can provide adequate care and needed services and who, according to a continued assessment of needs, can benefit from the services provided.

6. TERMINATION OF SERVICES

In addition to the Program and member terminating services as provided elsewhere in this Agreement, the Program has the right to terminate the Agreement for failure to pay upon three days written notice to the registrant.

7. PAYMENT FOR SERVICES

a. For those Participants qualifying for medicaid, medicaid will pay the program for all services included in the program's private daily rate and for the following additional services:

- i. Rehabilitation therapy services, including occupational, physical and speech therapy.
- ii. Transportation services.
- iii. Any additional services included in the medicaid rate.

b. Private Pay

The registrant agrees to pay the Program _____ per day for the Program services.

c. Rate Change

The program reserves the right to increase the rate and/or modify the services provided under the charge structure after notifying the Member at least thirty (30) days before the rate is increased and/or services provided under the rate modified.

d. Payment

Services will be billed on a bi-monthly basis. A statement will be sent to the member the beginning of the month following the month of service. Payment is considered due and payable upon statement's receipt. An interest charge of 1.25% per month (12% per annum) is added on

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payments received after the 20th of the month that the payment is due.

With private pay registrants, the registrant and responsible party are jointly and severally liable for all charges incurred in this agreement.

If the member has received any physician and/or therapeutic services covered under Medicare Part B, the member's Medicare Part B will be billed. The registrant will only be responsible for the applicable deductible and coinsurance. If the Medicare Part B coverage is denied, the member will be responsible for the costs.

If the registrant qualifies for Medicaid, PRNC will bill Medicaid directly. If the registrant is in the process of applying for Medicaid, and until it is approved by the Department of Social Services, the registrant or their responsible party will be responsible for any expenses incurred while in the Day Services Program. Once Medicaid has been approved, the appropriate adjustments will be made to the invoice.

8. REGISTRANT AUTHORIZATION RELEASE OF INFORMATION

The registrant agrees that information may be released to other agencies as appropriate in making referrals for medical consultations and/or treatment.

The registrant agrees that information may be released to Medicaid, Medicare, or other third party payors for payment of services.

9. AUTHORIZATION FOR TREATMENT

The registrant authorizes the medical and nursing staff of PRNC to administer any treatment and/or procedures that may be deemed necessary or advisable in the diagnosis and treatment of the member.

10. BILL OF RIGHTS AND REGISTRANT RESPONSIBILITIES

The member certifies, by signature below, that he/she has received a copy of the member's Bill of Rights and registrants' responsibilities and registrant agrees to adhere to same.

11. ADVANCE DIRECTIVES

The registrant certifies, by signature below, that he/she has received a copy of Health Care Proxy and DNR policies. These policies have been read, reviewed and discussed with registrant/caregiver.

12. ACCEPTANCE

I acknowledge that this Admission Agreement has been reviewed with me. I hereby acknowledge receipt of an executed copy of this Agreement. I hereby agree to this Admission Agreement and understand the services to be provided under the program, the financial arrangements, and my own responsibilities.

The Responsible Party acknowledges that by signing this Agreement they shall be jointly and severally liable for all private pay charges under this Agreement.

Member / Responsible Party

Date

PRNC ADHC Representative

Date