Adult Day Health – Service Specific Addendum
(Includes Alzheimer's Day Program)

* = required field

A. Enter the date of the License issued by the Department of Public Health (Attach copy of License).*
_____

B. Enter the maximum number of participants who may be in the care of your Program at any one time (Licensed Program Capacity).* _____

C. What is the average time between ASAP referral and start of service?*

_____

D. Describe your procedure for action in case of the following emergencies: *
   1. Fire

   _____

   2. Loss of power (lights and/or heat)

   _____

   3. Hurricanes and snowstorms

   _____

   4. Elopement

   _____

   5. Medical emergencies, including criteria for calling emergency telephone access number 911, emergency transport. Attach written policy.

   _____

E. Describe your Enrollment policy, including restrictions. Describe how the policy ensures that your Program provides care and services appropriate to participants with cognitive needs.*

_____

F. Describe your Discharge policy, including conditions when discharge is initiated by the Program.*

_____

G. Describe your policy to ensure that all Program personnel in direct contact with participants are trained in emergency procedures and that licensed nurses and program aides are certified in cardiopulmonary resuscitation (CPR) and basic first aid by an approved instructor.*

_____

H. Describe how your Program meets the requirement to provide the following services:*
      1)   Nursing Care;

           _____

      2)   Service coordination;

           _____

      3)   Therapeutic activities, including providing a separate space for persons with advanced Dementia;

           _____

      4)   Dietary services, including the responsibility of your Program's Registered Dietician; and,

           _____

      5)   Medication management services, including the supervisory responsibility of your Program's Registered Nurse

           _____

I. Describe how your Program ensures that the licensed Nursing staffing ratio requirement is met based on licensed program capacity.*

_____

J. Describe how your Program ensures that the Program Aide and Direct Care Staff ratio requirement is met based on the number of participants attending the Program.*

_____

K. Are meals prepared on site?*

_____

L. List the special diets that your site can accommodate.*

_____

M. List the AM & PM snacks served during the average week.*

_____

Alzheimer's Day Program (only complete if providing this service)

Alzheimer's Day Programs provide specialized services to address the needs of people with Alzheimer's disease and related disorders (ADRD) and other dementias.

A. List your requirements for admission. *

_____

B. Describe how activities are designed to meet the needs of high and low functioning groups.*

_____

C. Describe how you ensure that your Program maintains a staff to participant ratio of at least 1:4 on site. Also, describe how you ensure the presence of at least 2 staff members at all times.*

_____

Provider employee who completed this form*

Name: _____   Date: _____