

Supportive Day Care

* = required field

I. General Policies and Procedures

A. Describe the time span between referral and assessment.*

B. Describe the time span between assessment and consumer participation.*

C. What is your proposed rate for Supportive Day Care? Describe any additional charges. *

D. Describe the following assessment procedures and who is responsible for the procedures:

1) Intake/Screening*

2) Physician Report*

3) Plan of Care (including activity plan). Is Supportive Day Care staff knowledgeable about each participant's capabilities, interests, preferences and needs? Are such preferences and needs supported in the development and review of the participant's care plan? *

4) Enrollment Agreement*

5) Reassessment of Care Plan Timetable. Also, how do you support ongoing considerations for preferences and needs in the development and review of the participant's care plan? *

6) Discharge criteria and notification*

E. Describe your participant orientation procedure. How do you convey the practice of including each participant's capabilities, interests, preferences and needs in the development and review of the participant's care plan at the time of orientation? *

F. Describe your record keeping method for each consumer, including quarterly progress notes. *

G. Describe your policy and training for reporting suspected abuse or neglect of a participant. *

H. Describe your consumer grievance procedure.*

- I. Attach a copy of your participant bill of rights and responsibilities that is posted and distributed to all participants.*

Attachment Name:

- J. Describe your procedure for handling participant medical emergencies.*

- K. Describe your emergency plan that includes plans for evacuation and relocation of participants in the event of an emergency such as fire, loss of power (lights and/or heat), and hurricanes/snowstorms. *

- L. Describe your nutrition services including how often and who provides the meals. *

- M. Describe what the Supportive Day Care Program considers to be a meaningful day for individuals in the Supportive Day Care program.*

- N. Attach a monthly schedule of participant activities. *

Attachment Name:

- O. Describe your arrangements or contract for transportation to your facility.*

II. Program Administration

A. Do you have a governing body responsible for operation of your program?*

Yes No

B. Do you have an advisory committee? *

Yes No

C. Is your written plan of operation reviewed and updated annually?*

Yes No

D. Do you have an updated organizational chart?*

Yes No

Attachment Name: _____

E. Do you have a formally established fee schedule?*

Yes No

III. Personnel Procedure

A. Describe policy/procedure and frequency for:*

Tuberculosis Screening

B. Describe procedure and frequency for the following trainings, if applicable:*

N/A

CPR

First Aid

C. Describe procedure for staff and volunteer orientation.*

D. Describe procedure and frequency for supervision and in-service training, including the use of standard protocols for communicable diseases and infection control.*

E. Do you perform evaluations for employees? How often?*

N/A

F. Describe how you achieve the mandatory minimum staff to consumer ratio.*

IV. Physical Setting

Is the Supportive Day Care program co-located in the same building (or in the same campus setting) with other services/ supports? *

Yes No

If yes, what other programs are located with it? *

N/A

- Hospital
- Nursing Facility
- Residential
- Senior Center / Council on Aging
- Other _____

If yes, are individuals allowed to move about inside and outside of their specific service setting as opposed to one restricted room or area?*

N/A

YES, individuals can go anywhere in the setting (i.e., can go to all different services' settings)

Somewhat, individuals can go to some but not all other places in the setting

NO, individuals cannot go anywhere other than their specific service setting

A. Is the Supportive Day Care program co-located or adjacent to the following sites?*

Site	Co-located	
Medical Facility/Hospital	Yes	No
Intermediate Care Facility (ICF)	Yes	No
Nursing Facility	Yes	No

B. Describe the physical setting of the Supportive Day Care program:*

Residential neighborhood

Industrial area

Retail/commercial area

Other _____

Provider employee who completed this form*

Name: _____

Date: _____