

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY**

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Meeting Date: October 16, 2012	<input type="checkbox"/>	<input type="checkbox"/>	Consent	<input checked="" type="checkbox"/>	Regular
	<input type="checkbox"/>	<input type="checkbox"/>	Ordinance	<input type="checkbox"/>	Public Hearing

Department
Submitted By: Community Services
Submitted For: Division of Senior Services (DOSS)

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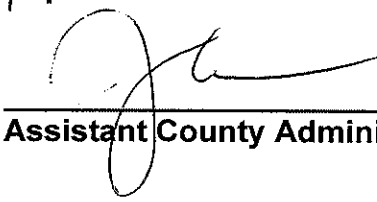
I. EXECUTIVE BRIEF

- Motion and Title:** Staff recommends motion to approve:
- A) Private Pay Policies and Procedures for Adult Day Care and Case Management Services with the effective date October 16, 2012; and
 - B) Two (2) new Senior Service Aide positions; and
 - C) Budget Amendment of \$129,960 in DOSS Administration Fund to establish the budget.

Summary: On June 29, 2010, the BCC approved the development of a private pay policy for the DOSS Program. DOSS has the program and facility capacity to provide community-based services through an additional option of private pay. There are currently no fees for DOSS programs; service costs are supplemented by State and Federal funding. Private pay will enable DOSS to generate an estimated revenue base of \$135,240 per year, independent from grants and County match, to revert to the operating budget to serve seniors. This will supplement the cost of County services and more seniors can be served. DOSS will create two (2) FTE Senior Service Aide positions, pay grade 12, to ensure adequate program staffing. (DOSS) Countywide (TKF)

Background and Justification: Private Pay Policies and Procedures for Adult Day Care and Case Management Services allows DOSS to establish private pay options to serve seniors and their families by assisting with stabilizing a senior and family unit; and generating revenue independent from grants and County match. DOSS will provide quality, affordable services to County residents and assist families who reside outside of the County who are seeking services. DOSS has situations where caregivers can afford and want to pay for services. DOSS's proposed fee is \$10.00 per hour for Adult Day Care. Adult Day Care serves persons with mild to moderate dementia by providing a structured, comprehensive program, in a protective setting to seniors who need supervised care. In conjunction with an individual care plan, services offered include social and other therapeutic activities, meals and snacks, some health monitoring. Nursing homes and assisted living facilities are far more expensive. DOSS's proposed fee is \$45.00 per hour for Case Management. Case Management provides professional home visits to evaluate and facilitate a plan of care for in-home services and review existing plans. Case Managers assure full coordination and linkage of services provided by agencies approved by the State of Florida and AAA. Case Managers assist with food stamp applications and other needed community services. Case Managers involve, with client's consent, family and caregivers in the client's plan of care. Case Managers assist families to resolve the emotional, financial and physical demands of caring for an elder loved one. DOSS has three (3) Case Management offices, West Palm Beach, Lake Worth and Belle Glade with seasoned multi-cultural Case Managers. Currently to participate in DOSS community-based services one must waitlist, regardless of whether or not they are able to pay a fee. The implementation of a County private pay option would allow seniors, not receiving federal or state grant funding, and/or service providers to pay for participation, when there are open slots in services, such as adult day care and case management. This would enable DOSS to serve more seniors until, if applicable, they are eligible for grant funding. It would provide benefits for both seniors and caregiver.

- Attachments:**
- 1. Adult Day Care and Case Management Policies and Procedures Applications
 - 2. Budget Amendment
- =====

Recommended By:		
	Department Director	Date
Approved By:		10/10/12
	Assistant County Administrator	Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2013	2014	2015	2016	2017
Capital Expenditures					
Operating Costs	129,960	135,240	135,240	135,240	135,240
External Revenue	(129,960)	(135,240)	(135,240)	(135,240)	(135,240)
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	0	0	0	0	0

# ADDITIONAL FTE POSITIONS (Cumulative)	2				
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Is Item Included In Current Budget? Yes _____ No X

Budget Account No.:

Fund 1006 Dept 144 Unit 1447 Object Var. Program Code Var. Program Period Var.

B. Recommended Sources of Funds/Summary of Fiscal Impact:

Adult Day Care will average 248 days at 6 hours a day for 8 clients at \$10 per hour.
Case Management will average 15 clients at 2 hours per month for 12 months at \$45 per hour.

C. Departmental Fiscal Review:

TM
Taruna Malhotra, Director, Financial & Support Svcs.

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development and Control Comments:

[Signature]
OFMB
10/1/12
ce
9/27/12
JL

[Signature] 10/9/12
Contract Development and Control

B. Legal Sufficiency:

[Signature] 10/9/12
Chief Assistant County Attorney

C. Other Department Review:

Department Director

This summary is not to be used as a basis for payment.

PALM BEACH COUNTY, FLORIDA

BUDGET AMENDMENTFUND 1006 DOSS - Administration

BGRV - 144- 092012*657

BGEX - 144- 092012*2059

Use this form to provide budget for items not anticipated in the budget.

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	ENCUMBERED AS OF 10/1/12	REMAINING BALANCE
<u>REVENUES</u>								
<u>DOSS-Private Pay</u>								
144-1447-4699	Charge Services Other Human Services	0	0	129,960		129,960		
	Total Receipts and Balances	8,180,144	8,134,309	129,960	0	8,264,269		
<u>EXPENDITURES</u>								
<u>DOSS-Private Pay</u>								
144-1447-1201	Salaries & Wages Regular	0	0	51,674	0	51,674	0	51,674
144-1447-2101	FICA - Taxes	0	0	3,204	0	3,204	0	3,204
144-1447-2105	FICA - Medicare	0	0	750	0	750	0	750
144-1447-2201	Retirement Contributions-FRS	0	0	2,874	0	2,874	0	2,874
144-1447-2301	Insurance-Life & Health	0	0	23,208	0	23,208	0	23,208
144-1447-2401	Workers' Compensation	0	0	1	0	1	0	1
144-1447-2501	Unemployment Compensation	0	0	1	0	1	0	1
144-1447-3401	Other Contractual Services	0	0	29,248	0	29,248	0	29,248
144-1447-3419	Contracted Food	0	0	15,656	0	15,656	0	15,656
144-1447-4001	Travel & Per Diem	0	0	1,000	0	1,000	0	1,000
144-1447-4007	Travel-Mileage	0	0	1,000	0	1,000	0	1,000
144-1447-5101	Office Supplies	0	0	1,344	0	1,344	0	1,344
	Total Appropriations & Expenditures	8,180,144	8,134,309	129,960	0	8,264,269		

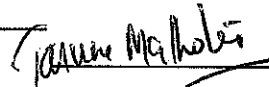
OFMB

Signatures

Date

By Board of County Commissioners
At Meeting of October 16, 2012

INITIATING DEPARTMENT/DIVISION
Administration/Budget Department Approval
OFMB Department - Posted



Deputy Clerk to the
Board of County Commissioners



BOARD OF COUNTY COMMISSIONERS

**DEPARTMENT OF COMMUNITY SERVICES
DIVISION OF SENIOR SERVICES
CASE MANAGEMENT POLICY AND APPLICATION**

810 Datura Street, Suite 300
West Palm Beach, FL 33401
Tel: (561) 355-4746 Fax: (561) 355-3222

Case Management is the assessment, planning, facilitation of available options and resources to meet a participant's health and social service needs. Case Management serves as a means for sustaining independence through communication, identification and facilitation of services. Case Managers help identify available in-home and community-based services while ensuring that appropriate resources are used in a timely and cost-effective manner. Case Management also supports the goals of promoting better quality of life and outcomes for the participant.

Division of Senior Services (DOSS) policies and procedures include definition, delivery model and admission criteria for case management, as well as qualifications for case management staff.

Case Management: A collaborative process of assessment, planning, facilitation, care coordination and management; as well as assisting with transitions of care services for a participant and/or family's health and social service needs.

Case Managers: DOSS has an established policy for case manager caseloads with supporting rationale based on factors such as severity and/or complexity of cases, role requirements of case managers and other relevant factors. DOSS employs personnel to provide services to clients while meeting criteria.

Case Manager Qualifications: Case Managers maintain competence in their area(s) of practice by having the following:

- (a) Education: a bachelor's or graduate degree in social work, or another health or human services field. Degree is from an institution that is fully accredited by a nationally recognized educational accreditation organization.
- (b) Oversight: DOSS designates one (1) senior staff person who supervises case managers.
- (c) Written job descriptions: DOSS provides written job descriptions for staff that address 1) required education, training, and/or professional experience; 2) expected professional competencies; and 3) scope of role and responsibilities.

CASE MANAGEMENT PROCESS/SERVICES

Case managers disclose to participant's information concerning the case management relation-

ship, confidentiality, grievance process, and case management activities. Documentation of consent is required. DOSS offers tools enabling the case manager to collect the information necessary to carry out the case management process.

DOSS conducts and documents an assessment formulating a care plan for each participant with time frames for re-evaluation and available resources. DOSS conducts case reviews to promote achievement of case management goals and uses the information for quality management. DOSS implements a policy for resolving dispute regarding participant care options. DOSS also implements criteria for the discharge or termination of case management.

Case Management Goals: Case Manager facilitates the coordination with client, service providers, ancillary services, and others in order to achieve goals and maximize positive outcomes based upon participant assessments of needs through:

- (a) Use of comprehensive client-centered collaborative partnership approach;
- (b) Practice cultural competence, with awareness and respect for diversity;
- (c) Facilitate informed participant choice, consent, and decision-making;
- (d) Linkage with community resources;
- (e) Assist with navigating the health care system to promote effective care particularly during transitions;
- (f) Provide coordination of emergency and/or crisis in-home care; not to include medical emergencies where 911 should be called;
- (g) Implements confidentiality of client's identifiable health information to protect the welfare and safety of participant and case managers;
- (h) Use process and outcome measurement, evaluation, and management tools to improve quality performance; and
- (i) Supervision.

Services Provided:

- (a) Require consent from the participant regarding the purpose of case management services and related information about the program;
- (b) Provide notice of availability of grievance process and the method by which to access;
- (c) Complete a comprehensive, culturally and multilingual appropriate assessment;
- (d) Identify immediate participant needs;
- (e) Develop a care plan for each participant in collaboration with their support system and respective care providers;
- (f) Educate the participant and/or caregiver on care plan components and documentation of services received for vendor billable hours;
- (g) Utilize ongoing assessment and documentation to measure participant response to care plan;
- (h) Assure that client's chosen vendor(s) adheres to care plan requirements;
- (i) Assist with transitions of care, when necessary to meet client's needs; to include facilitating communication during transitions between providers, clients, and caregivers.

I, _____ the participant and/or caregiver of _____ herein after referred to as "participant" have been advised of the following information as part of the Care Plan for _____ when partaking in the Case Management Program.

PROGRAM POLICIES

1. Participant must meet all admission criteria to be permitted into the Case Management Program (see Admission Criteria on page 4).
2. A Copy of Power of Attorney or Guardianship shall be submitted to the Case Management Program. If Power of Attorney or Guardianship is not in place the caregiver shall not have the ability to make decisions on behalf of participant. The following caregiver(s) have Power of Attorney or Guardianship:

Caregiver and/or participant also authorizes the following individuals to participate in the participant's plan of care:

If the Power of Attorney or Guardian leaves for an extended period of time, the case manager must be notified within twenty-four (24) hours before departure. Please confirm that a back up emergency contact is available in case of emergency during absence. Back up emergency contact name and number:

3. The Case Management Program shall not accept or retain any participant whose behavior is deemed hazardous to the safety of the participant or staff. Such conditions shall constitute a basis for termination from the program. Participation may be terminated after reasonable accommodations have failed. A written termination will be provided to the participant and caregiver. It is the responsibility of the participant to make payment for services rendered in order to comply with the care plan. If participant fails to pay or disconnect from delivered in-home and community-based services, the case management component will be terminated by DOSS. Compliance with the care plan is mandatory.
4. Participant and/or caregiver must be available for six (6) month and annual in-home visit with case manager as requested. Caregiver and/or participant is responsible to contact case manager within twenty-four (24) hours in advance if participant is unable to keep scheduled home visit appointment. Failure to do so will result in a one (1) hour service charge.

Telephone Numbers for Case Management Program:

- North and Central Office 561-355-4707
- South and West Office 561-996-4807

5. Participant and/or caregiver is to report any address, telephone, cell phone and emergency contact information changes to case manager staff within forty-eight (48) hours.
6. Case manager will maintain an on-going participant file which documents client's overall condition. Case manager communicates with the client's physician regarding their condition to assure they are receiving the care needed.
7. Caregiver and/or participant is to report significant participant behavioral, medical, physical or any other significant changes to case manager within twenty-four (24) hours; as well as any medication changes.
8. Caregiver and/or participant agree to return telephone calls promptly from case manager.
9. Case managers are mandatory reporters. They are required to report suspicion of abuse, neglect or exploitation due to frequent contact with at-risk populations which include the elderly or dependent, and residents of nursing homes and other health care facilities.
10. If participant was in a hospital, a copy of the discharge papers and a list of any new or altered medications should be provided.

Case Management Payment:

Case Management fee includes in-home comprehensive assessment, care plan development and consultation. DOSS is responsible only for the Case Management component.

Vendor Payment:

Once DOSS consults with participant/caregiver of needed in-home and community based services, DOSS will work with participant/caregiver on linkage. Once participant/caregiver chooses services, DOSS will act as their liaison between participant and their chosen vendor(s). Payment to vendors will be the responsibility of participant to directly arrange and make payment to chosen vendor. This payment is a separate payment from DOSS services. Any discrepancy in vendor payment will need to be addressed by participant and/or caregiver.

Funding:

1. Case management payment is due upon receipt of DOSS invoice the 10th of each month for the previous month. Failure to pay will result in loss of case management services.
2. Caregiver and/or participant is responsible to contact case manager within twenty-four (24) hours in advance if participant is unable to keep scheduled home visit appointment. Failure to do so will result in a one (1) hour service charge.
3. Refunds can be done for a credit for situations where a grievance might be determined.
4. Returned checks from the County's Finance Department are forwarded to DOSS who notifies participant and/or caregiver by telephone or mail to collect the funds with cash or money order within forty-eight (48) hours. The collected cash is forwarded to Finance to apply against participant's outstanding account. One returned check constitutes further payment in cash only.

APPLICATION

NAME OF CLIENT _____
ADDRESS _____

PHONE _____
ALTERNATIVE PHONE _____

A comprehensive assessment will be completed in full at time of initial home visit.

ADMISSION CRITERIA

To be admitted, the Case Management Program participant must meet the following criteria:

Participant resides in Palm Beach County Y_____ N _____
Participant and/or caregiver are competent to enter into the case management program. If participant is not deemed competent, a legal guardian is required. Y_____ N _____
Sixty (60) years of age or older and/or a disabled adult (18 to 59 years of age) Y_____ N _____

The standard fee for Case Management services is \$45.00 an hour.

Please make checks out to: *Palm Beach County Board of County Commissioners*

Memo Line: *Division of Senior Services*

If participant declines initial consultation and/or fails to keep scheduled case management appointment the service fee will be billed. If participant accepts case management services the fee will be applied to the first hour of case management services.

NAME OF PERSON RESPONSIBLE FOR BILL _____
RELATIONSHIP TO PARTICIPANT _____
ADDRESS _____

PHONE _____
ALTERNATIVE PHONE _____

I hereby certify that the above statements are true and correct to the best of my knowledge. I agree to the payment of this fee as services are rendered.

The undersigned participant and/or caregiver acknowledges the receipt of a copy of the Policy and Application which are distributed and reviewed during admission consultation and on a semi-annual basis with case manager and acknowledges his/her responsibility to comply with these Policy and Application.

I hereby authorize the Division of Senior Services to call 911 when emergency medical intervention is required. I authorize emergency treatment at the nearest hospital, if necessary, in the event a family member or responsible party cannot be contacted.

I authorize case manager to communicate (verbally, email, fax) with client's physician and/or medical professionals that is treating participant.

Acknowledgment of Understanding:

I have read, received and reviewed one-on-one with case manager a copy of the Case Management Program Policy and Application. I understand that this Case Management Program Policy and Application maybe modified by Palm Beach County, at any time, to meet program requirements, including availability and fees.

PARTICIAN'T'S SIGNATURE: _____ Date: _____

CAREGIVER'S SIGNATURE: _____ Date: _____
(if applicable)

For office use only

Income _____ Fee _____/hour

Admission Criteria Yes _____ No _____

Agrees to initial consult visit to be paid at time of visit Yes _____ No _____

Mailed policy and application Date _____

Staff signature _____ Date _____

Revised 10/2/12 FM



BOARD OF COUNTY COMMISSIONERS

**DEPARTMENT OF COMMUNITY SERVICES
DIVISION OF SENIOR SERVICES
ADULT DAY CARE PROGRAM
POLICIES, ADMISSION CRITERIA AND APPLICATION**
810 Datura Street, Suite 300
West Palm Beach, FL 33401
Tel: (561) 355-4746 Fax: (561) 355-3222

I, _____ as
the Caregiver of _____ herein after referred to as
"Participant" have been advised of the following information as part of the Care Plan for my
Participant when partaking in the Adult Day Care Program.

PROGRAM POLICIES

1. Participant must meet all admission criteria to be permitted into the Adult Day Care Program (see Admission Criteria on page 4).
2. **Initially, all admissions are on a trial basis to assure appropriateness of placement and adherence to the Adult Day Care Program criteria.** The trial basis period is limited to five (5) days or less. Case Manager/Outreach Worker and Licensed Practical Nurse (LPN) consult before contacting Caregiver with authorization or denial to Program.
3. The Participant's first day in the program is a half day and Participant should be transported by their Caregiver. If this is not possible, transportation for a half day can be arranged through Palm Tran Connection.
4. A Copy of Power of Attorney or Guardianship shall be submitted to the Adult Day Care Program. If Power of Attorney or Guardianship is not in place, the Caregiver will not have the ability to make decisions on behalf of Participant.
5. The Adult Day Care Program shall not accept or retain any Participant whose behavior and physical limitations are deemed hazardous to the safety of the individual, other Participants or staff. Such conditions shall constitute a basis for termination from the program. Participation may be terminated after reasonable accommodations have failed. A written termination will be provided to the Participant and Caregiver.
6. Caregiver is responsible for the coordination of Palm Tran Connection transportation to and from the Adult Day Care Program on behalf of the Participant, if such transportation is

required. If transportation is not required, Caregiver shall provide transportation.

7. Caregiver is responsible to report any transportation changes directly to Palm Tran Connection and the Adult Day Care Program.
8. Caregiver must be available for a six (6) month and annual scheduled home visit with the assigned Case Manager/Outreach Worker.
9. Caregiver is to report any address, telephone, cell phone, and emergency contact information changes to Adult Day Care Program staff within forty-eight (48) hours.
10. If Participant has a cold or flu-like symptoms, Caregiver agrees to keep Participant at home. If Participant develops these symptoms while at the Adult Day Care Program the Caregiver will be contacted and required to pick up the Participant. Participant must be symptom free for at least twenty-four (24) hours before returning to the Program.
11. Participant is required to have a clear plastic box with two (2) changes of clothes, adult briefs and wipes if incontinent. (Please see change of clothes request form attached.)

Absences

1. Caregiver is responsible to contact Program at least twenty-four (24) hours in advance if Participant will be absent. Meals and staffing are scheduled in advance based on Participant census.

Telephone Numbers for Mid County Adult Day Care Program:

- (561) 357-7135 Office
- (561) 357-7153 Activity Room
- (561) 357-7154 Activity Room

Telephone Numbers for North County Adult Day Care Program:

- (561) 694-5438 Office
- (561) 694-5440 Activity Room

2. Caregiver is required to bring a physician's notice if Participant has been out for more than four (4) consecutive days due to illness or if admitted to the hospital. Participant needs written authorization to return to the Program. If Participant was in a hospital, a copy of the discharge papers and a list of any new or altered medications should also be provided.
3. The following Caregiver(s) will be responsible for picking-up and transporting the Participant to and from the facility:

4. Caregiver also authorizes the following individual(s) to pick up Participant:

5. If the primary Caregiver leaves for an extended period of time, the Adult Day Care Program must be notified within twenty-four (24) hours before departure. Please confirm that back up emergency contact is available in case of an emergency during Caregiver's absence. Back up emergency contact name and number:

Medication and Nursing Care

1. The LPN provides daily monitoring to Participant. The LPN also communicates with the Participant's physician regarding their condition to assure they are receiving the care needed. Admission into the Adult Day Care Program is consent for the LPN and daycare staff to communicate with the Participant's physician(s) and/or medical staff.
2. Caregiver is to report any Participant's behavioral, medical, and/or physical changes to Adult Day Care Program Staff within twenty-four (24) hours.
3. Caregiver is responsible for Participant's annual physical form to be completed and submitted within two (2) weeks of completion of the annual physical by the Physician.
4. Any medical and/or medication changes must be submitted from the Participant's physician on physician's letter head to the Adult Day Care Program within twenty-four (24) hours. Caregiver must obtain medication list from physician in the event that the physician does not respond to request from Adult Day Care Program in a timely manner.
5. All medication administered at the Adult Day Care Program, including refills must be brought to the Adult Day Care Center in the medicine container provided by pharmacy with Physician's information. Each month a new medicine container with new updated medication must be brought in for those Participants who will be taking medication while at the Center. All medication including vitamins and over-the-counter medication are securely locked at all times and administered by LPN.
6. No medications, vitamins or over-the-counter medication can be administered by the LPN unless there is a written order from the physician. The physician's order must match the label on medicine container. Participant will be required to remain home and will not be able to attend the Program until LPN has a written order from the Physician that matches the Participant's medication.
7. For those who require glucose checks, glucometer, test strips and alcohol swabs must be provided to the Adult Day Care Program. A written order from the physician is required to complete glucose checks.
8. A written discontinue order from the physician is required to discontinue any orders that the Adult Day Care Program has received.
9. Caregiver agrees to return telephone calls from Program staff within forty-eight (48) hours.

10. Caregiver agrees to inform Adult Day Care Program staff of Participant's accidents, falls, incontinence, physical trauma, wandering, etc., sustained while not in the Adult Day Care Center. Caregiver is responsible in following up with the Physician, addressing any physical injury sustained by Participant. Medical clearance is required by the Physician for the safe return of the Participant.

Admission Criteria

To be admitted, the following criteria are required:

1. functionally impaired and in need of a protective environment;
2. able to toilet independently. If incontinent and using adult briefs must be able to remove and lift adult briefs on her/his own or with minimal assistance;
3. able to feed self;
4. mobile and able to transfer with minimal assistance;
5. able to participate in a socially oriented program;
6. has a negative TB test read prior to admission; positive TB test warrants chest x-ray with physician's report indicating results of x-ray show no signs of communicable diseases; and
7. has complete an assessment with an Outreach Worker/Case Manager, complete Adult Day Care Program orientation and sign all required paperwork.

Payment

1. Payment is due every Wednesday no later than 4:00pm to reserve space for the following week. If payment is not received by 4:00pm on Wednesday, Participant will not be able to attend until payment is made the next week. Failure to pay will result in loss of reserved slot for Participant. Payment may be paid in advance up to two (2) to six (6) months.
2. A change in Participant schedule can be arranged at the time of the six (6) month or annual review with Outreach Worker/Case Manager. Please note if DOSS is unable to provide services as scheduled, a thirty (30) day notice will be given to Participant/Caregiver.
3. Refunds can be done for a credit more than seven (7) days. A credit will be issued only in the case of debilitating circumstances which prohibits Participant to return to the program or demise. In these cases a letter from the attending physician on letterhead is required for processing. Refunds will not be issued for vacation, sickness or physician's appointments. However, in unforeseen circumstances that cease operations, such as natural disasters, refunds will be issued.
4. Returned checks from the County's Finance Department are forwarded to DOSS who notifies the Caregiver by telephone or mail to collect the funds with cash or money order within forty-eight (48) hours. The collected cash is forwarded to Finance to apply against Participant's outstanding account. One returned check constitutes further payment in cash only.

Application

NAME OF PARTICIPANT _____
ADDRESS _____

MARITAL STATUS _____

Schedule: Please fill in

<u>Days</u>	<u>From</u>	<u>To</u>
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

The standard fee for adult day care services is \$10.00 per hour.

Please make checks out to: ***Palm Beach County Board of County Commissioners***

Memo Line: ***Division of Senior Services***

NAME OF PERSON RESPONSIBLE FOR BILL _____
RELATIONSHIP TO PARTICIPANT _____
ADDRESS _____

PHONE _____
ALTERNATIVE PHONE _____

I hereby certify that the above statements are true and correct to the best of my knowledge. I agree to the payment of this fee as services are rendered.

The undersigned Caregiver acknowledges the receipt of a copy of the Policies and Procedures which are distributed and reviewed during admission consultation and on a semi-annual basis with Outreach Worker/Case Manager and acknowledges his/her responsibility to comply with these Policies and Procedures.

It is agreed that it is the Participant's and/or Caregiver's responsibility to respect the personal rights and private property of other Participants of the Adult Day Care Program.

I hereby authorize the Division of Senior Services to arrange for private ambulance transportation when emergency medical intervention is required. In addition, I authorize emergency treatment at the nearest hospital, if necessary, in the event a family member or responsible party cannot be contacted.

I authorize the LPN, Case Manager and/or Adult Day Care Program staff to communicate verbally with Participant's physician and/or medical professionals that are treating Participant. Communication includes written communication by fax.

Although Participant may have a copy of a "DO NOT RESUSCITATE" (DNR) form on file, Palm Beach County Policy requires 9-1-1 call, followed by a call to the Caregiver, family member or responsible party

Acknowledgment of Understanding:

I have read, received and reviewed one-on-one with Adult Day Care Program staff a copy of the Adult Day Care Program Policy and Procedures. I understand that this Adult Day Care Program Policy and Procedures maybe modified by Palm Beach County, at any time, to meet program requirements, including availability and fees.

PARTICIANT'S SIGNATURE: _____ **Date:** _____
(if applicable)

CAREGIVER'S SIGNATURE: _____ **Date:** _____

For office use only

Income _____ **Fee** _____ **/day**

Staff signature _____ **Date** _____

Revised 10/2/12/FM